



CITY OF
FORESTPARK

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GIRL'S FIREFIGHTER CAMP BELIEVE
PERMISSION TO ATTEND ACKNOWLEDGEMENT OF RESPONSIBILITY AND
RELEASE OF LIABILITY

I, _____, (parent/guardian) allow my daughter, _____, (student's name) to attend and participate in the Girl's Future Firefighter Camp, on October 9th and October 10th. Commencing at 8:30 am through 4:30 pm on October 9th and 8:30AM to 12:30pm on October 10th.

Destination/Detailed Description of Activity and Purpose: Location: Gillem Public Safety Complex (Fire Station #3) 2090 Anvil block Road, Forest Park GA 30297. Instructors will be GFCB Board Members along with uniformed members from various Fire Departments, and community volunteers. Training exercises will focus on the following skills: Fire Extinguisher Training, Pump Operations/Hose Training (Familiarization of fire engine and hose), USAR (repelling) (small tower building on the training ground), Aerial Climb (ladder truck), Fire Inspection, Fire Investigation, Team building, Leadership, and Public Speaking CPR and AED Certification, Physical Training, Forcible Entry, and Hydrant Operations. The purpose of the

Camp is to introduce girls to a career in the fire service, while focusing on character and self-confidence. Field Trip includes visit and tour of Local Hospitals and Fire Departments. Transportation to and from camp is optional.

Student Agreement:

While participating in GFCB, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions always.

Student's Signature: _____ Date: _____

Girl's Firefighter Camp Believe

PARENT PERMISSION AND RELEASE OF LIABILITY

This is to certify that I authorize the Camp Commander or a designated representative of the GFCB to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in the Camp. I understand that, while safety of my child is a high priority for the GFCB, the GFCB will not be responsible for medical costs associated with injury to my child. I am aware that accidents resulting in personal injury and property damage sometimes occur during participation in the activities described above and particularly can occur while my child is participating in any of the hands-on training exercises described above. In consideration for my child's participation in the Camp, I expressly hold harmless from and waive against the Girl's Fire Fighter Camp Believe, Forest Park Fire Department, GFCB Board Members, Instructors, and volunteers any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of GFCB, Forest Park Fire Department or its representatives as such may result from my child's participation in the Camp.

In further consideration for my child's participation in the above-described Camp, I also agree to indemnify and hold harmless the GFCB, Forest Park Fire Department, GFCB Board Members, Instructors, and volunteers against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against GFCB or its representatives which may result from my child's participation in the Camp. I understand that the GFCB, Forest Park Fire Department, GFCB Board Members, Instructors, and volunteers are not waiving any sovereign or governmental immunity, which it or they have under Georgia law. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian_____

Printed Name of Parent/Guardian_____

Daytime Number_____

Evening or Emergency Number_____

Date Signed_____

Girl's Firefighter Camp Believe 2024

THE STATE OF GEORGIA

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purpose and consideration there in expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____day of _____ A.D. 20_____.

Notary Public for State of Georgia

My Commission Expires: _____