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## **RELEASE, ASSUMPTION AND ACCEPTANCE OF RISK, WAIVER AND HOLD HARMLESS AGREEMENT**

In consideration of my entry and participation at the St. Lawrence County Youth Day, held August 20, 2022 in West Potsdam, New York (hereinafter the “Youth Day Event”) offered by the Firefighters Association of the State of New York, I hereby acknowledge and represent as follows:

1. I understand that my participation in some or all of the fire service activities and evolutions, including additional skills that will be taught may result in injury or damage, which I may receive in the form of personal injuries, death and/or property damage.
2. I am familiar with the goals and purposes, dangers, risks, requirements, rules, practices, systems and objects of the events in which I am participating and have received information concerning these events and have had an opportunity to investigate and observe them.
3. I represent that I am in good physical condition and physically fit and able to participate in these events and that I will not participate while under the influence of drugs or alcohol. I further represent that I obtained the consent of the authority having jurisdiction or other sponsoring entity or agency (i.e. Learning for Life, Fire Department, Fire District, Town, Village) over my home emergency services entity to participate in the Youth Day Event, and that such entity has valid insurance coverage in effect at the time of my participation in the Youth Day Event that insures me against injuries, losses, or damages that I may cause or sustain as a result of my participation in the Youth Day Event.
4. To the fullest extent permitted by law, I hereby assume full responsibility for any injury or damage, including injury, death or property damage, which may occur to me or to others while participating in, or being involved in, the Youth Day Event, including, but not limited to, any claims for personal injury, death or property damage resulting from or arising out of my acts and participation in the Youth Day Event.
5. To the fullest extent permitted by law, I hereby waive any and all claims that I, my heirs, successors, representatives and/or assigns may have by reason of injury, death or property damage sustained by me in my participation in the Youth Day event, and do hereby release and discharge the Firefighters Association of the State of New York, St. Lawrence County, the Northern New York Volunteer Firemens’ Association, and all event hosts and course instructors, as well as the officers, agents, representatives, servants or employees thereof, from any claims for injury or damage against them, or any of them, which I have or may have by reason of my entry and participation in said Youth Day Event.
6. To the fullest extent permitted by law, I hereby indemnify and hold harmless the Firefighters Association of the State of New York, St. Lawrence County, the Northern New York Volunteer Firemens’ Association, and all event hosts and course instructors against all loss, liability, costs, damages, acts or injuries to persons or property occurring as a result of my acts in the Youth Day Event described herein.

I have read this Release, Assumption and Acceptance of Risk, Waiver and Hold Harmless Agreement and fully understand its terms and sign it after having read and reviewed it, with my signature being freely and voluntarily given.

**\*CONSENT FORM ON REVERSE SIDE\***

\_\_\_\_\_  
Participant's Signature (over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PARENTAL CONSENT FORM FOR PARTICIPANTS**  
**UNDER THE AGE OF 18**

My son or daughter, namely: \_\_\_\_\_  
has my permission to participate in the Youth Day Event described herein, and I hereby agree and consent to his/her participation. To the fullest extent permitted by law, I further agree to all provisions of the RELEASE, ASSUMPTION AND ACCEPTANCE OF RISK, WAIVER AND HOLD HARMLESS AGREEMENT set forth herein on behalf of myself and my son or daughter identified above.

\_\_\_\_\_  
Name of Adult/Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult/Parent or Guardian

\_\_\_\_\_  
Address, City, State and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address