



**CITY OF FOREST PARK, GEORGIA  
WAIVER RELEASE  
PHYSICAL FITNESS READINESS FORM**

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_, a minor child under the age of eighteen years, and I consent to his/her participation in physical fitness activities at the City of Forest Park, I am fully aware of the risks associated with strenuous physical activity; my minor is in good medical condition/health and has no medical condition which would prevent them from safely participating in these activities;

On behalf of myself and my minor child, I hereby give consent for my minor child to participate in the firefighter Challenge camp program as summarized herein and more particularly described in the **Program Documents**. I knowingly and willingly assume all risk and agree to be fully responsible for the safety of my minor and their property and assume full responsibility for any accident, death, dismemberment, or temporary or permanent disability resulting of the activities or participation in the firefighter camp program. On behalf of myself and my minor child, I hereby release, waive, and discharge any claims of any kind or nature, including but not limited to claims for personal injury or property damage, arising out of or relating to my minor child’s participation in the firefighter summer camp program against the City and employees, agents, volunteers, attorneys and elected or appointed officials of the City and assigns of the City. This Waiver and Release shall be binding upon my minor child and myself, and our respective successors, heirs, assigns, executors, administrators, spouse and next of kin.

On behalf of myself and my minor child, I hereby give consent for my minor child to be photographed and videotaped for possible use in City web sites and City publications, as may be determined in the sole discretion of the City. All photographs and/ video recordings taken of my minor child shall be the sole property of the City. On behalf of my minor child and myself, I hereby release, waive, and discharge any claims of any kind or nature arising out of or relating to the use of photographs and video recordings against the City or any person or firm authorized by the City to publish said materials (“Publisher”), and employees, agents, volunteers, and elected or appointed officials of the City and assigns of the City. This Waiver and Release shall be binding upon my minor child and myself, and our respective successors, heirs, assigns, executors, administrators, spouse and next of kin.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am agreeing to abide by guidelines. I further understand that by signing this form, I am giving up legal rights and/or remedies, which may be available to me against the Releasees.

\_\_\_\_\_  
Participant Name (printed)

\_\_\_\_\_  
Parent/Legal Guardian Name (printed)

\_\_\_\_\_  
Participant Age

\_\_\_\_\_  
Parent/Legal Guardian Signature, (Date)