



BROADWAY VOLUNTEER FIRE DEPARTMENT, INC.

P.O. Box 271

Broadway, VA 22815

540-896-5101

540-896-3008 (fax)



Parent / Guardian Consent Form

Note All Applicants 14-17 in Explorer or Junior Firefighter programs must have parent or guardian signature

Please review and complete the information below. Sign your name/date with a daytime telephone number and forward this original document to the Fire Chief of the Broadway Fire Department prior to your son/daughter participating in any approved activities of the Explorer or Junior Firefighting programs offered by the Broadway Fire Department.

Explorer or Jr Firefighter Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP Code _____

Parent/Guardian Name(s): _____, hereby certify what we/I

am the parent(s) and/or lawful guardian(s) of _____ Date of Birth _____

We/ I FULLY UNDERSTAND that the occupation of Firefighting has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to teenagers and will instruct the minor that: (a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in training courses involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS OR DEATH as a result of falls from ladders, bodily burns and excessive smoke inhalation: (b) these risks and dangers may be caused by the minor's own actions or inaction, the actions or inaction of others participating in training and routine work programs: (c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

We/ I consent to the Minor's participation in the approved firefighting training routine activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

We/ I further understand that the Broadway Fire Department furnishes operational guidelines and qualified instructors for each work detail or training session which are authorized to exercise judgment and discretion in the performance of their duties while training firefighters in the Commonwealth of Virginia to protect the lives and properties of their communities. We/ I also understand that the Broadway Fire Department and the approved instructors do not offer personal liability or workers compensation insurance on any participants involved in firefighting or training activities.

WE/ I HAVE READ THIS PARENTAL/GUARDIAN CONSENT FORM. We/ I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give our/ my permission for my child/ward to attend and participate fully in all activities in the Explorer and Junior Firefighting program of the Broadway Fire Department.

My parent(s) or legal guardian and I have read this form and thoroughly understand the potential dangers involved in firefighting activities.

_____ Printed Name of Explorer Or Junior Firefighter	_____ Signature of Explorer Or Junior Firefighter	_____ Date
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_____ Printed Name of Parent Or Guardian	_____ Signature of Parent Or Guardian	_____ Date
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_____ Printed Name of Parent Or Guardian	_____ Signature of Parent Or Guardian	_____ Date
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Daytime Contact Telephone Number

_____ Received by Company 50 Member	_____ Date
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