Women's Fire Academy - Registration

Personal Information:

1. **Full Name:**
2. **Date of Birth:**
3. **Email Address:**
4. **Home Address & City:**
5. **Phone Number:**

Health and Fitness Information:

6. **Do you have any medical conditions or allergies? If yes, specify.**

7. **Are you physically active? Yes or No**

8. **Have you participated in fire training or another agency's academy? If yes, describe your experience.**

Emergency Contact Information:

9. **Contact name:**
10. **Emergency contact phone number:**

Academy Information:

11. **How did you hear about the Women's Fire Academy?**

12. **What is your tshirt size?**

Acknowledgement and Agreement:

13. **I acknowledge that I am participating in a physically demanding training program and agree to follow all safety guidelines and procedures.**

    _____ I Agree

14. **I consent to the use of my photograph or video for promotional purposes.**

    _____ I Agree

Signature:

_____

******Priority will be given to residents of Glendale and Pasadena.***

SCROLL DOWN TO FILL OUT LIABILITY FORM. SEND BOTH DOCUMENTS TO:

CLOGFD@GlendaleCA.Gov

Fire Department Women's Academy

RELEASE FROM LIABILITY

I hereby choose, freely and voluntarily, to participate in the Fire Department Women's Academy (Academy) and acknowledge that the Academy is designed to provide familiarization and exposure to the job of Firefighter.

At any time before or during this Academy, I understand that I can refuse to perform any or all requested tasks. I also understand that the tasks will require physical exertion and there will be a certain amount of danger to me while participating in the Academy, including the potential for physical injury.

I hereby waive any rights under local, state, or federal law to seek damages or to bring any claim, cause of action for personal injury, property damage, wrongful death or cross-complaint against the Academy and its affiliated governmental agencies (including any officers, employees, or agents of the governmental agencies) suffered in connection with the Academy. I further agree to indemnify the Academy and its affiliated governmental agencies (including any officers, employees, or agents of the governmental agencies) for any such damages, claims, or causes of action brought against it because of my participation at the Academy.

I further acknowledge that the Academy and its affiliated governmental agencies (including any officers, employees, or agents of the governmental agencies) have never made any representations or warranties to me with respect to the Academy or my suitability of fitness. I assume all risks associated with my participation in the Academy.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND I AM COMPLETELY AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO MY PARTICIPATION IN THE ACADEMY AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

Date_____

Print Full Name_____

Sign Full Name_____