

Idanha-Detroit Rural Fire Protection District
Release of Liability

Date: _____

Name of Event: _____

By signing below, I understand that participating in the above-mentioned event's activities may result in injury. I release Idanha-Detroit Rural Fire Protection District from all liability in the case of injury to myself or my minor child named below.

I give permission to Idanha-Detroit Rural Fire Protection District's medical staff to treat myself or my minor child in the case of an emergency.

Participant name: _____ Date of Birth: _____

Participant name: _____ Date of Birth: _____

Participant name: _____ Date of Birth: _____

Name of parent or guardian: _____ Phone number: _____

Participant or parent/guardian signature: _____

If additional minor children are participating, please fill and sign a separate form.