

# SMYRNA FIRE DEPARTMENT

## CITIZENS FIRE ACADEMY

### APPLICATION FOR ENROLLMENT

Please type or print all information:

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number: \_\_\_\_\_

Position / Title: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the Smyrna Citizen's Fire Academy? \_\_\_\_\_

In your own words, tell us why you want to attend the Citizens Fire Academy: \_\_\_\_\_

Are you currently a member of a fire department? Y \_\_\_\_ N \_\_\_\_ Where? \_\_\_\_\_

Shirt Size (Circle One) S M L XL XXL

All applicants must be 18 years of age, and currently reside in Town of Smyrna or be a Town employee. All of the information on this application must be true and accurate. The Smyrna Fire Department reserves the right to reject or accept any applicant for the Citizens' Fire Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application should be completed and returned, along with the release of liability and the emergency contact information sheet to the Smyrna Fire Department at 315 South Lowry Street, Attn: Assistant Chief of Prevention and Education James Lawrence. If you have any questions, please call (615) 459-9742 ext: 7520 between the hours of 8:00 a.m. and 4:30 p.m.

**Application must be returned no later than Monday, April 13, 2015**

**SMYRNA FIRE DEPARTMENT**  
**CITIZENS' FIRE ACADEMY**

Emergency Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In case of emergency, whom shall we contact?

Name/Relationship	Phone Number:
1. _____	_____
2. _____	_____
3. _____	_____

Medical Conditions:

- \_\_\_\_\_ Cardiac/Heart
- \_\_\_\_\_ Breathing/Respiratory
- \_\_\_\_\_ Stroke
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Vision/Hearing
- \_\_\_\_\_ Other \_\_\_\_\_

Do you have any known allergies? Y \_\_\_\_\_ N \_\_\_\_\_ What? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Note:** Certain activities throughout the Citizen's Fire Academy may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the Academy. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.



**SMYRNA FIRE DEPARTMENT**

**Hold Harmless, Waiver and Release of Liability & Permission for Adult**

***Citizen's Fire Academy***

**PLEASE READ CAREFULLY**

In consideration for permission to participate in this activity, I agree as follows:

I have considered and evaluated the risks, dangers and possibility of injury resulting from participation in the activity in which I am participating.

I know and understand foreseeable and unforeseeable injuries could occur from my actions, from other participants, the Town, its employees or volunteers and contractors with the Town and other persons involved in the activity or not.

I agree to follow all instructions provided by authorized personnel and understand failure to do so could endanger myself, as well as other participants. I understand that any failure to follow directions of the staff can be cause for discharge from the program and can create a liability for my own actions, indemnifying the Town of Smyrna.

***I deliberately and knowingly assume all costs, risks of injury and/or other damages for myself, including, but not limited to cost of medical treatment, permanent injury or death, and property damages resulting from this activity. I waive, release and hold harmless the Town, its employees, volunteers, and agents from all legal and financial responsibility and from all costs, injuries and/or other damages (including but not limited to, cost of medical treatment, permanent injury or death, and property damage) from this activity.***

If I am not present, or if present and not able to make decisions, I authorize the Town, its employees, volunteers and/or contractors to obtain or provide any first aid or other medical treatment which they deem necessary for me at my expense and this is subject to the waiver, release, assumption of costs, risks, and hold harmless agreement, etc. set forth in the paragraph above.

I agree that in the event of any lawsuits arising from this agreement or this activity, jurisdiction and venue must be in the courts for Rutherford County, Tennessee.

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Adult Participant: \_\_\_\_\_  
Print Name

Address: \_\_\_\_\_  
Street Town Zip

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_