



**Squamish Fire Rescue**

40439 Tantalus Rd, PO Box 839, Garibaldi Highlands, British Columbia , V0N 1T0

Ph: 604.898.9666 [squamish.ca/fire](http://squamish.ca/fire)

**RELEASE AND INDEMNITY AGREEMENT**  
**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES**  
**PLEASE READ CAREFULLY BEFORE SIGNING**

**RE: Live Fire Training**

To: The District of Squamish (the “District”) and its employees, officers, elected officials, volunteers and agents (collectively called its “agents”).

I am aware that my participation in fire and/or rescue training activities and events at the District of Squamish facilities (the “Premises”) involves **RISKS, DANGERS AND HAZARDS**, including, but not limited to risks of burns, smoke inhalation, explosions, exposure to gas or other hazardous materials. In consideration for the District allowing me or my child to participate in training at the Premises, **I AGREE:**

1. **TO FREELY ACCEPT AND FULLY ASSUME** these risks, dangers and hazards.
2. **TO RELEASE AND FOREVER DISCHARGE** the District and its Agents from and against all loss, liability costs, claims, damages, expenses, suits or actions which may arise as a consequence of damage or loss suffered as a result of my or my child’s participation in training activities and events, due to any cause whatsoever including but not limited to, personal injury or death or property damage.
3. **TO INDEMNIFY AND SAVE HARMLESS** the District and its Agents from all liability from personal injury, death, property damage or loss suffered by me, my child or a third party as a result of my or my child’s participation in training activities and events, due to any cause whatsoever.
4. **THAT THIS AGREEMENT** shall bind my heirs, next of kin, executors, administrators and assigns, in the event of my death.
5. **TO OBEY** all safety standards set out by the District.

I have read and fully understand this Release and Indemnity Agreement. I am aware that by signing this document, I am affecting my legal rights and liabilities as those of my heirs, next of kin, executors, administrators and assigns in relation to the District and its Agents.

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

Witness as to both

Participate Name: \_\_\_\_\_  
*(Please Print)*

Guardian Name: \_\_\_\_\_  
*(Please Print)*

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

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