



HERO Day

Release of Liability

This release and information must be filled out completely with current information, signed and turned in before the participant will be allowed to attend the program.

Program participation will not be permitted without responsible party signature on this form. This form is for the health and safety of the participant.

PARTICIPANT INFORMATION:

PARTICIPANT'S NAME

PHONE

RESIDENTIAL ADDRESS

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

AGE

PARENT/GUARDIAN NAME

PHONE NUMBER

I fully understand and acknowledge that recreational activities have: inherent risks, dangers and hazards and such exists in my use of equipment and my participation in activities and/or use of such equipment may result in injury; by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and /or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, the City of Little Rock, Little Rock Fire Department or by any other partnering organization.

RELEASE CLAUSE:

The undersigned hereby releases and holds harmless the City of Little Rock, its Mayor and Council and any officers, employees or agents thereof, including without limitations the Little Rock Fire Department liabilities or demands whatsoever arising or claimed to have arisen out of the enrollment or participation herein.

MEDIA RELEASE:

I hereby grant the Little Rock Fire Department and participating agencies permission to record my child/ward's or my (if adult participant) likeness and/or voice for use in television, films, radio or printed media to further the aims of HERO Day in related campaigns and magazine articles, booklets and in other ways they may see fit.

Please Initial

I DO _____ **I DO NOT** _____

SIGNATURE OF PARENT/GUARDIAN _____

RELATIONSHIP (OTHER THAN PARENT OR GUARDIAN) _____

DATE _____