

# Miami -Dade Fire Rescue

Urban Search & Rescue Bureau

## WAIVER, IDEMNITY AND RELEASE AGREEMENT

The undersigned, , being at least eighteen years of age, in consideration for being permitted to participate in training and other activities on the premises located at 7900 SW 107 Avenue a/k/a the Urban Search & Rescue Training Facility, hereinafter "USAR Site", property of Miami-Dade Fire Rescue (USAR), do hereby agree to this waiver and release.

**WHEREAS, I** have been made fully aware of the risks associated with participating in training and other activities at the USAR Site and further state that I understand, declare, and agree, as follows:

That training and other activities at the USAR Site will involve physical labor and may carry a risk of personal injury;

That there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me;

That training and other activities on the USAR Site may be physically demanding and may cause physical and emotional discomfort;

That I am free from any known heart ailment, or other serious health problems that could prevent me from participating in any and all physically demanding activities while on the USAR Site;

That being fully informed, I hereby agree to assume all risks which may be associated with, or may result from participation in training and other activities at the USAR Site;

That I have medical insurance to cover the cost of any emergency or other medical care that I may receive for any illness or injury which may result from my participating in training and other activities on the USAR Site;

That if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive;

That I agree to release Miami-Dade County, its agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff from any said entity, or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from the cost of any medical care that I receive which may result from participating in training activities while on the USAR Site;

That I agree to release Miami-Dade County, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all Sponsors and/or officials and staff of any said entity, or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me arising out of any and all activities while on the USAR Site;

That I agree to hold harmless, and hereby release the above mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with participation in training or other activities at the USAR Site;

That I shall fully indemnify, Miami-Dade County, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all Sponsors and/or officials and staff of any said entity, or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all damages which they may incur as a result of my actions or inactions while participating in training or any other activity while on the USAR Site;

That I understand permission to participate in training or other activities on the USAR Site may be revoked at any time and without reason;

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ALL ACTIVITIES THAT I MAY ENGAGE IN WHILE ON THE USAR SITE.

NAME

DATE

SIGNATURE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ . She/He

is personally known to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and did \_\_\_\_\_ (did not)

take an oath.

NOTARY PUBLIC

OFFICIAL NOTARY SEAL