

**SAN ANTONIO FIRE DEPARTMENT TRAINING ACADEMY
SUMMER CAMP
PARTICIPATION RELEASE**

The City of San Antonio (CITY) thanks you for participating in the San Antonio Fire Department Training Academy Summer Camp. We hope that the summer camp turns out to be a fun, memorable and educational experience for all participants. To help us keep participants safe during this experience we ask that you tell participants to closely follow all instructions and precautions and to promptly report any concerns to Fire Department staff.

To allow participation in the **CAMP HERO LIKE HER** on _____, at the San Antonio Fire Department Training Academy you will need to read and sign the following release. By signing release, you acknowledge that if anyone is hurt or property is damaged or lost during your son/daughter's participation in CAMP HERO, a court of law may find that you have waived your or your son/daughter's right to maintain a lawsuit against the CITY on the basis of any claim from participation in CAMP HERO.

PARTICIPANT RELEASE

I, _____, acknowledge that my son/daughter's participation in the SAFD Summer Camp Hero Like Her (CAMP HERO) is voluntary and that my son/daughter's participation in CAMP HERO may include i) activities with known or unanticipated risks that may result in injury to the participant or to third parties or ii) damage or loss to my son/daughter's property.

I KNOWINGLY ASSUME ALL RISKS, KNOWN AND UNANTICIPATED, ASSOCIATED WITH MY SON/DAUGHTER'S PARTICIPATION IN CAMP HERO, AND ACKNOWLEDGE THAT HE/SHE MAY BE INVOLVED IN ACTIVITIES WITH RISKS OF INJURY, AND DO HEREBY RELEASE AND FOREVER DISCHARGE THE CITY, A MUNICIPAL CORPORATION, ITS SUCCESSORS, ASSIGNS, OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, AND CAUSES OF ACTIONS, WHATSOEVER, WHETHER SUCH ARE FOUNDED IN WHOLE OR IN PART UPON THE ALLEGED NEGLIGENCE OF THE CITY, ITS AGENTS OR EMPLOYEES, WHICH I, MY HEIRS, OR PERSONAL REPRESENTATIVES MAY EVER HAVE ARISING OUT OF, BY REASON OF, OR IN ANY MANNER HAVE GROWN OUT OF ANY INJURIES OR DAMAGES SUSTAINED BY ME/SON/DAUGHTER BY REASON OF ANY ACCIDENT OR OTHER OCCURRENCE RESULTING FROM PARTICIPATION IN THE ACTIVITY.

In signing this release:

- I am relying wholly upon my own judgment, belief, and knowledge;
- I have had sufficient opportunity to read this entire document;
- I read and understand it, and I agree to be bound by its terms.

Signature of Parent or Legal Guardian

Date

Address

Telephone Number