



Random Lake District Explorer Post

Parental/Guardian Assumption of Risk & Release of Liability Agreement

- 1.) I agree that _____ (student's name) will conduct himself/herself in compliance with the Random Lake District Explorer "Rules of Conduct" relating to the volunteer Explorer Program, and will comply with the directives and expectations of the advisor/supervisor of this program. In the event that the student fails to abide by these rules and directives, said student may be dismissed from the program. I understand and agree to indemnify and hold harmless Adell, Random Lake, Batavia, Beechwood, and Silver Creek Fire Departments, Villages Board, Members, employees, agents successors, and assigns from liability for any bodily injury or personal property damage either caused or sustained by said student in connection with the Explorer Program
- 2.) I understand that, as a part of this Explorer Program, said student will be working at a fire call site, under the direct supervision of an Advisor, Fire Chief, Incident Commander, or appointed Officer. I understand and assume all dangers, hazards, perils, and risks associated with this site experience and waive all claims or causes of action arising from said students participation and do hereby release Adell, Random Lake, Batavia, Beechwood, and Silver Creek Fire Departments, Villages Board, Members, employees, agents successors, and assigns from liability for any injuries, illnesses or property damage said student might sustain during the course of or in connection with his/her participation in this program.
- 3.) I certify that said student is covered by health and accident insurance for this fire call site experience under the carrier and plan listed below. I authorized the supervising adult(s) to consent to any emergency medical treatment for said student in the event such consent is in the student's best interest. I understand that reasonable steps will be made to contact me prior to exercising authority under this express consent.

Insurance Company: _____

Group and or Individual plan number: _____

If student requires medications, I will provide the medical authorization form to the supervising officer at the call site.

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Date Received: _____ Initials: _____



Random Lake District Explorer Post

Application for Membership & Health Form

- Please fill out the form completely and attach the doctor's evaluation to the form.
- Application may be submitted to any advisor or brought to the next Explorer meeting.
- Each application will be reviewed by the advisors and the Random Lake District Explorer Members. Acceptance of the application will be announced at the next Explorer meeting.

Personal Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone #: _____

Date of Birth: _____ Grade: _____ Social Security #: _____

Wisconsin Driver's License #: _____ Expires: _____

I do understand that I have to supply transportation to meeting/practices for myself: _____

Last year of school completed: _____ School Name: _____

What are your hobbies? _____

Are you involved in any sports or extra curricular activities? _____

Please list them: _____

Continued on next page

Emergency Information

Emergency Contact Person: _____

Home Phone #: _____ Work Phone #: _____

Relationship to Contact Person: _____

Height: _____ Weight: _____ Physical Limitations: _____

Medications you are taking: _____

Chronic Allergies: _____

Physician's Name _____ Phone #: _____

Hospital of Preference: _____

Work Information

Employer Name: _____ Phone #: _____

Employer Address: _____ City: _____

Will you notify your employer you're a member of the District Explorers? _____

Signature

I attest, by my signature below, that all the information provided by me in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

**** Office Use Only ****

Date Received: _____ By Advisor: _____

Date Approved: _____ Initialed By: _____