



# ELK GROVE VILLAGE FIRE DEPARTMENT

## CITIZEN'S FIRE ACADEMY

### REGISTRATION FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Do you have any of the medical conditions that may cause physical limitations?**

- Cardiac**       **Diabetes**       **Respiratory**  
 **Vision**       **Hearing**       **Other:** \_\_\_\_\_

Note: Certain activities in the Citizen's Fire Academy Program may be physically demanding. Individuals with the aforementioned medical conditions should consult their personal physician prior to participating in these physical activities. Participation in any portion of the program is voluntary; you do not need to take part in any activity that you are not comfortable with.

**Please provide contact information in the event of an emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Why are you interested in the Elk Grove Citizen's Fire Academy?**

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are not an Elk Grove Village resident, please provide employer information:**

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Return to:** Elk Grove Village Fire Department  
901 Wellington Avenue  
Elk Grove Village, IL 60007

**Or Email to:** [FireDepartment@elkgrove.org](mailto:FireDepartment@elkgrove.org)

**ELK GROVE VILLAGE FIRE DEPARTMENT**  
**RELEASE AND COVENANT NOT TO SUE**

In exchange for the opportunity to observe and participate in the authorized operations of the Elk Grove Village Fire Department, which activity may place me in a position of danger, the undersigned agrees to:

1. Release and waive any and all claims, causes of action, or other means of legal recourse that the undersigned may have against Elk Grove Village agents and employees that may arise from or be caused by my participation in the authorized operations of the Elk Grove Village Fire Department;
2. Indemnify, hold harmless, and defend Elk Grove Village and its officials, agents, and employees for any and all claims, causes of action, or other means of legal recourse that may arise from or be caused by my participation in the authorized operations;
3. Covenant not to sue Elk Grove Village and its officials, agents and employees for damages that may arise from or be caused by my participation in the authorized operations.

By signing this document, the undersigned acknowledges that he or she is not and will not be acting as an employee or agent of Elk Grove Village and is specifically waiving, in addition to the waiver set forth above, any right to Workers' Compensation benefits. The undersigned further acknowledges that the release, waiver, hold harmless, and covenant not to sue shall be binding on the undersigned's heirs and personal representative. The undersigned further acknowledges that permission to observe and participate in authorized operations is terminable at the will of any Village official, agent, or employee without notice or formal process and that this release and hold harmless shall be applicable whenever the undersigned is observing or participating in authorized operations.

The undersigned acknowledges that the execution of this release is done as a free and voluntary act. The undersigned also acknowledges that he or she is age 18 years or older.

Applicant Name: \_\_\_\_\_

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

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

Fire Department Approval:

Staff Name: \_\_\_\_\_

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

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