Indianola Fire Department Junior Fire Academy Waiver

I grant permission for my child/children to take part in the Indianola Fire Department Junior Fire Academy on June 7th and 8th, 2018. I understand that my child/children will participate in water activities including competition games, donning and handling fire gear and equipment and learn fire safety in the Smoke Trailer. I certify that my child/children do not suffer from any health issues, including respiratory illness, which may preclude them from participating in these events. I have listed allergies and medical conditions below.

I hereby grant to the Indianola Fire Department, its legal representatives and assigns, and those acting with its authority and permission, the absolute right and permission to use, re-use, publish, and re-publish photographic portraits or pictures or videos of my child/children or in which my child/children may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, made through any medium and in any and all media now or hereafter known. For purposes of illustration but not limitations in print materials, City of Indianola promotions and/or advertisements, public service announcements, public presentations, online, public displays, internal uses, art, trade, or any other purpose whatsoever. Additionally, if recorded my or my child’s/children’s voice(s) may be used in conjunction with any other permitted use set forth in this agreement.

Medical Concerns/Allergies: ____________________________________________
                                                                 ____________________________________________________________________

Child/Children’s Names:
                                                                 ____________________________________________
                                                                 ____________________________________________
                                                                 ____________________________________________

X: _________________________________________________  ______________
Parent/Legal Guardian Signature  Date