



PROUDLY SERVING THE ENTIRE CALIFORNIA FIRE SERVICE SINCE 1922

## RELEASE OF LIABILITY FORM

**Event Name:** 2024 CTEX FIRE EXPLORER MUSTER

**Date:** February 25th, 2024

**Location:** Ben Clark Training Center - 16791 Davis Ave, Riverside, CA 92518

I, \_\_\_\_\_ and my team \_\_\_\_\_, hereby voluntarily participate in the 2024 CTEX FIRE EXPLORER MUSTER (hereinafter referred to as the "Event"). In consideration for being permitted to participate in the Event, I agree to the following:

**Assumption of Risk:** I understand and acknowledge that my participation in the Event involves inherent risks, including but not limited to physical injury, illness, and death, and I voluntarily assume all such risks.

**Release and Waiver:** I hereby release, waive, discharge, and covenant not to sue Event Organizers, Hosts, Sponsors, and Affiliates, their respective officers, directors, employees, volunteers, agents, and representatives from any and all claims, liabilities, demands, actions, or causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any property belonging to me while participating in the Event.

**Indemnification:** I agree to indemnify and hold harmless the entities or persons mentioned in paragraph 2 above from any loss, liability, damage, or cost they may incur due to my participation in the Event, whether caused by negligence or otherwise.

**Medical Treatment:** In the event of any injury or illness, I consent to and authorize medical treatment deemed necessary in the event of an emergency, and I agree to bear all costs associated with such treatment.

**Photography and Media:** I grant permission to Event Organizers to use photographs, videos, or other media of me taken during the Event for promotional, marketing, or other purposes without compensation.

**Governing Law:** This Release of Liability shall be governed by and construed in accordance with the laws of California.



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I have read and understand this Release of Liability Form, and I voluntarily sign it with full knowledge of its significance.

\_\_\_\_\_  
Team Leader's Full Name (Print)

\_\_\_\_\_  
Team Leader's Signature

\_\_\_\_\_  
Date