

Virginia Department of Fire Programs

Parent/Guardian Consent Form

_____ VDFP School #

(to be filed with VDFP Division Office prior to participating in approved VDFP training courses)

Note: All applicants age 16 or 17, must have parent or guardian signature

Please review and complete the information below. Sign your name/date with a daytime telephone number and forward this original document to the appropriate Virginia Department of Fire Programs Division Office or course coordinator prior to your son/daughter participating in any approved VDFP course. Registration for course will be denied until such time form is completed in its' entirety.

Junior Firefighter Name _____ Telephone: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Participating Fire Department: _____

Parent/Guardian Name(s): _____, hereby certify that we/ I am the parent(s) and/or lawful guardian(s) of _____, Date of Birth _____.

We/ I FULLY UNDERSTAND that the occupation of Firefighting has been declared hazardous by the Commissioner of Department of Labor and Industry pertaining to Teenagers and will instruct the Minor that: (a) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in these courses involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily burns and excessive smoke inhalation; (b) these risks and dangers may be caused by the Minor's own actions or inaction, the actions or inaction of others participating in the training program; (c) there may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

We/ I consent to the Minor's participation in the approved firefighting training activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

We/ I further understand that the Virginia Department of Fire Programs furnishes qualified instructors for each course which are authorized to exercise judgment and discretion in the performance of their duties while training firefighter in the Commonwealth of Virginia to protect the lives and properties of their communities. We / I also understand that VDFP and the approved instructors do not offer personal liability or Workers Compensation insurance on any participants involved in fire fighting training activities.

WE/ I HAVE READ THIS PARENTAL/GUARDIAN CONSENT FORM. We/ I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of activities the Minor will be participating in, hereby give our/ my permission for my child/ward to attend and participate fully in all activities.

My parent(s) or legal guardian and I have read this form and thoroughly understand the potential dangers involved with firefighting activities.

Printed Name of Junior Firefighter	Signature of Junior Firefighter	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

Daytime contact telephone number _____