City of Napoleon Fire and Rescue Department

GENERAL RELEASE AND COVENANT NOT TO SUE

I, _____(print name), for and in consideration of being permitted to observe and engage in participation with the performance of functions of the City of Napoleon Fire and Rescue Department, in connection with the pursuit of educational/training experience, and the benefits to be received by me therefrom, along with my successors, assigns, and all other persons, named or not named, claiming through me, do hereby remise, release, forever discharge, and covenant not to sue the City of Napoleon and/or the City of Napoleon Fire and Rescue Department and all associated officials, officers, agents, employees, successors, assigns, invitees, guests, and volunteers.

I understand and agree the aforementioned release and covenant not to sue includes, but is not limited to, the pursuit of judgments, executions, claims for personal injuries, property damage, and any other damage whether physical, financial, or any other format whatsoever, which I may now have, or which I hereafter can, shall, or may have against the City of Napoleon and/or the City of Napoleon Fire and Rescue Department and all associated employees, agents, invitees, guests, volunteers, successors, and assigns, by reason of any matter, cause, or thing whatsoever, arising from, on, or account of, said observation and limited participation with regard to the functions of the City of Napoleon Fire and Rescue Department at any location where such activities may take place.

It is further declared that no promise, inducement, or agreement not herein expressed has been made by any of the parties hereto. Likewise, I voluntarily assume full responsibility for any risk(s) of loss, property damage, or personal injury, including death, which may be sustained by me as a result of my voluntary participation.

It is further agreed the execution of this General Release and Covenant Not to Sue shall not constitute a waiver by the City of Napoleon and/or the City of Napoleon Fire and Rescue Department of governmental immunity, or any other defenses recognized by the State of Ohio or any Federal court under state or federal law.

_____	____/____/____	_____
Participant's Signature	Date	Print Name

If the Participant is under the age of 18, a parent or legal guardian must also sign below:

_____	____/____/____	_____
Parent or Legal Guardian	Date	Print Name