

MFD PARTICIPANT APPLICATION

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (Apt. #) (City) (State)

TELEPHONE NO.: (____)____-____ BIRTHDATE: ____/____/____

OCCUPATION: _____

REASON FOR/OR PURPOSE OF: _____

Dated at Milwaukee, Wisconsin this _____ day of

_____, 20____, at _____ o'clock ____M.

(Signature of Applicant)

REVIEWED BY:

(Signature of Reviewing Chief Officer)

Permission is hereby granted/denied to the person named herein, and whose signature is affixed above, to be a passenger in an MFD vehicle or an observer/participant in MFD activities with Co. ____ on ____/____/____ from _____ o'clock ____M. to _____ o'clock ____M.

(Signature of Chief)

(Date)

MFD PARTICIPANT RELEASE

RELEASE executed on _____, 20____,
by _____, of _____,
[address], City of _____, County of _____,
State of _____, herein referred to as releasor.

In consideration of being permitted to accompany City of Milwaukee fire fighters on the date and at the time specified on the application (F-154), for the purpose of observing firefighting, releasor, for him/herself, his/her spouse, legal representatives, heirs, and assigns, hereby releases, waives and discharges the City of Milwaukee, its officers and employees, from all liability to the releasor, his/her spouse, legal representatives, heirs, and assigned, for any and all loss or damage, and any claim for damages resulting therefrom on account of injury to releasor's person or property, sustained while accompanying fire fighters, arising from any cause whatsoever, including, without limitation, injuries due to motor vehicle accidents; injuries caused by fire, smoke, explosion, or any other dangers, whether the injury is caused by the negligence of the City, its officers, agents and employees, or other persons.

Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage while accompanying fire fighters due to the negligence of the City, its officers, agents and employees, or negligent or intentional acts of other persons.

Releasor expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

IN WITNESS WHEREOF, releasor has executed this release at
_____, _____ on the date and year first above written.
(City) (State)

(Signature of Releasor)

Witness: _____

Agreement made this _____ day of _____, 20____, between _____, a corporation organized and existing under the laws of the State of _____, with its principal place of business at _____ [address], City of _____, County of _____, State of _____, hereinafter referred to as indemnitor, and the City of Milwaukee, a body politic and corporate, with its principal place of business at 200 East Wells St., City of Milwaukee, County of Milwaukee, State of Wisconsin, hereinafter referred to as indemnitee.

In consideration of permitting employees of the indemnitor to accompany City of Milwaukee fire fighters, on the date and at the time specified on the application, for the purpose of reporting those activities or related events in the media, indemnitor agrees to assume the risk of all damages, losses, costs and expenses, and agrees to indemnify and hold harmless indemnitee, its officers, agents, and employees, from and against any and all liability, damages, losses, costs and expenses which may accrue to or be sustained by indemnitee, its officers, agents and employees, on account of any claim, suit or action made or brought against indemnitee, its officers, agents and employees, arising out of the fact that the employee or employees of the indemnitor were accompanying fire fighters at the time of the incident resulting in the injury or damage, including, without limitation, injuries due to motor vehicle accidents, injuries caused by fire, smoke, explosion or any other dangers, whether the injury is caused by the negligence of the indemnitee, its officers, agents, and employees or otherwise.

Indemnitor waives all rights to make claim or file suit against indemnitee for, and relieves indemnitee from all liability or responsibility of any kind arising from such damage, loss, cost or expense, including, but not limited to recovery from indemnitee of money paid out by indemnitor or its insurance company pursuant to the indemnitor's worker's compensation program.

It is further understood and agreed by the parties that if any of the provisions herein should contravene, or be invalid under the laws of the State of Wisconsin, such contravention or invalidity shall not invalidate this agreement, but it shall be construed as if not containing the particular provision or provisions held to be invalid, and the rights and obligations of the parties shall be construed and enforced accordingly.

IN WITNESS WHEREOF, the parties have executed this agreement at

_____, _____, the day and year first above written.
 (City) (State)

 (Signature of Officer of Corporation or Employer)

 Fire Chief
 Milwaukee Fire Department

MFD VOLUNTARY ACCEPTANCE OF PROGRAM PARTICIPANT

I/We the undersigned do(es) hereby accept as a participant in the program the person described herein.

Participant Signature	Co. Officer Signature	Co.	Date

This form is to be signed by the company officer and all affected participants. A company officer signature is needed for each occurrence if more than one date has been approved. **Completed forms are to be forwarded to the Deputy Chief, Bureau of Administration.**

MFD PARTICIPANT RELEASE

RELEASE executed on _____, 20____,
by _____, of _____,
[address], City of _____, County of _____,
State of _____, herein referred to as releasor.

In consideration of the acceptance to train at the Milwaukee Fire Department Training Facility (MFDTF), on the date and at the time specified on the application (F-154), for the purpose of training, releasor, for him/herself, his/her spouse, legal representatives, heirs, and assigns, hereby releases, waives and discharges the City of Milwaukee, its officers and employees, from all liability to the releasor, his/her spouse, legal representatives, heirs, and assigned, for any and all loss or damage, and any claim for damages resulting therefrom on account of injury to releasor's person or property, sustained while accompanying firefighters, arising from any cause whatsoever, including, without limitation, injuries due to motor vehicle accidents; injuries caused by fire, smoke, explosion, or any other dangers, whether the injury is caused by the negligence of the City, its officers, agents and employees, or other persons.

Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage while accompanying fire fighters due to the negligence of the City, its officers, agents and employees, or negligent or intentional acts of other persons.

Releasor expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

IN WITNESS WHEREOF, releasor has executed this release at
_____, _____ on the date and year first above written.
(City) (State)

(Signature of Releasor)

Witness: _____