



**Virginia Association of First Responders (“VAFR”) Release/Waiver of Liability
for Participation in Training Programs and/or Competitions**

I understand and agree as follows:

Certain types of emergency medical services/rescue training and competitions are inherently hazardous and dangerous activities, and events and activities related to or associated with such training and/or competitions can expose me to hazards and risks, both natural and artificial, that may result in harm, damage, personal injuries or death.

My participation in VAFR sponsored training or competitions are entirely voluntary and I understand that I undertake such activity freely with full knowledge of risks involved. I assume all risk associated with such activity.

I further acknowledge that VAFR is a charitable organization and by participating in VAVRS sponsored training or competitions I become and will be an intended beneficiary of its charitable services.

I will obey and comply with all rules and regulations or instructions given by both VAFR, and its instructors or competition directors. I have a duty to ask questions and clarify any rules, regulations, or instructions if I do not understand, fully comprehend, or have any doubts about them or any part of them.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT WHICH IS INTENDED TO PROVIDE A COMPREHENSIVE RELEASE OF LIABILITY, BUT IS NOT INTENDED TO ASSERT ANY CLAIMS OR DEFENSES WHICH ARE PROHIBITED BY LAW. By signing this Release/Waiver, you give up any right you may have to bring an action to recover compensation or obtain any other remedy for any injury to yourself or your property or for any death however caused arising out of participation in VAFR sponsored training and/or competitions, now or in the future. This Release/Waiver shall operate for the benefit of the VAVRS, itself, as well as its training instructors and competition directors, leaders and workers.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE READ THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND EACH AND EVERY PROVISION AND THAT I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL.

Participant Name:

Printed: _____ Signature: _____

Participant Name:

Printed: _____ Signature: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP _____

BEST TELEPHONE NUMBER TO CONTACT THEM: _____

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NAME: _____ RELATIONSHIP _____

BEST TELEPHONE NUMBER TO CONTACT THEM: _____

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