



**COUNTRYSIDE FIRE PROTECTION DISTRICT  
SMOKE SIGNALS Fire Safety & Burn Prevention Video Contest**

**PARTICIPANT WAIVER AND RELEASE OF ALL CLAIMS**

Read this form carefully and ask any questions you may have about the program.

By Participating in the **SMOKE SIGNALS Fire Safety & Burn Prevention Video Contest**, you will be waiving and releasing all claims arising out of, or relating to, the program, including your video posted on YouTube<sup>™</sup> and the Worldwide Web/Internet.

In consideration of Countryside Fire Protection District providing the **SMOKE SIGNALS Fire Safety & Burn Prevention Video Contest** and accepting me as a participant in the program, I hereby agree to the following:

**ACKNOWLEDGE AND ASSUMPTION OF RISK OF INJURY AND LOSS**

**I have fully informed myself of all details of the program, and I have received satisfactory answers to all questions I have concerning the program, and the risks inherent in the program. I recognize and acknowledge that the program involves the disclosure and use of my picture, image and name. I agree to, and do hereby release and waive any claims of privacy, use of my image or photo or other personal information, and of any property losses and costs, and damages and/or losses that I may sustain as a result of participating in any, and all activities connected with, or associated with, the program.**

**WAIVER AND RELEASE OF CLAIMS FOR INJURY**

I hereby agree to, and do waive, release, and relinquish all claims of every kind, known and/or unknown, present and future that I may have against the Countryside Fire Protection District and their officers, agents, servants, employees, legal representatives, attorneys, insurers, and related or affiliated individuals or entities, successors, and assigns arising out of, connected with or in any way related to the program or my participating therein.

**INDEMNITY AND DEFENSE**

I hereby further agree to indemnify and hold harmless and defend The Countryside Fire Protection District, and their officers, agents, servants, employees, legal representatives, attorneys, insurers, and related or affiliated individuals or entities, successors, and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my participation in the program.

I have read and fully understand the WAIVER OF RELEASE OF ALL CLAIMS, and execute it of my own free will and without any reservation whatsoever.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent /Guardian if Participant  
is under 18 years old

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date