



PUBLIC EDUCATION/EVENT REQUEST FORM

REQUEST INFO	
Date of event:	
Time & Duration of event:	
Event location:	
Organization or Service Group:	
Type of Public Education requested (eg: fire extinguisher training):	
Contact Person:	
Phone #:	Alternate Phone #:
Email address:	
Number of Attendees:	Age(s) if minors:

FOR OFFICE USE ONLY				
Event scheduled with:				
Approved		Denied		Requester contacted:
Comments:				
Special instructions:				
Unit:	Command 1	Antique Engine	Engine 1	Engine 2
Staff:				
Type of Event (choose one):				
Community Events Town Event Public Event Service Group Not for Profit Miscellaneous			Fire Education & Safety Fire Safety Education Fire Drills Fire Hall Tour Smoke Alarm Installations	
Yearly Scheduled Events Fire Prevention Week Burn Awareness Week Emergency Preparedness Week			School Events Career Days Fire Extinguisher Training Fire Drills	
Fire Extinguisher Training Community Business Industrial				



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LIABILITY, WAIVER OF CLAIMS & INDEMNITY AGREEMENT

PLEASE NOTE: Signature and witness information must be filled out prior to application being processed.

In consideration of being allowed to participate in the above-referred to activity of the Town of Westlock and the Town of Westlock Fire & Emergency Services Department, I hereby agree as follows:

1. **TO WAIVE** any and all claims that I have or may in the future have against the Town of Westlock and the Town of Westlock Fire & Emergency Services Department, and their officers, employees, agents, volunteers and representatives (all of whom are hereafter collectively referred to as "the Releasees"); related in any way to the activity.
2. **TO RELEASE** the Releasees from any and all liability for any loss, damage, injury and expense I may suffer or that my next of kin or heirs may suffer as a result of my involvement in the above-referred to activity and my presence at the Town of Westlock Facilities or Fire Department activity due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE RELEASEES;**
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, any third party, resulting from participation on the above-captioned activity or attendance at the above referred to activity;
4. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by Releasees other than what is set forth in this Agreement.

ACKNOWLEDGMENT OF UNDERSTANDING:

I ACKNOWLEDGE that I have read and understood this Agreement and I am aware that by signing this Agreement I am waiving certain legal rights which I, or my heirs, next of kin, executors, administrators, successors or assigns may have against the Releasees.

Applicant Name	Signature	Date
Witness Name	Signature	Date