Kingsport Fire Department
Citizen's Fire Academy Application

Last Name:_____First Name:_____Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone:_____Other Phone:_____

Email Address: _____

Date of Birth: _____ Sex: (M/F) _____ Race: _____

Driver's License #:_____State Issued: _____

Employer:_____Occupation:_____

Employer Address: _____

Work Phone:_____ Shirt Size: _____

Any known medical conditions: _____

_____

Do you have any severe limitations that would hinder you from engaging in activities associated with the Citizen's Fire Academy? Yes ☐ No ☐ If yes, please explain: _____

_____

Any known allergies: _____

Emergency Contact Name: _____

Emergency Contact Phone:_____Relationship: _____

What are you most interested in learning about the KFD through the Citizen's Fire Academy?

_____

_____

_____

Do you desire to participate in a ride-out with a KFD fire crew? Yes☐ No ☐

Have you ever been convicted of a felony? Yes☐ No☐ If yes, please explain _____

_____

_____

I am willing to undergo a minimum background investigation by the City of Kingsport due to sensitivity and nature of some of the information that will be covered during the course of the Citizen's Fire Academy. Yes☐ No ☐

Submit this completed application and both waivers by one of the options below:

1. **Email:** brickey@kingsporttn.gov

2. **Mail:** Kingsport Fire Department Citizen Academy
   130 Island St
   Kingsport, TN 37660

3. **Fax:** 423-224-2528

Please contact Public Education Officer Barry Brickey if you need help filling out and submitting these forms or if you have any questions about the KFD Citizen's Fire Academy program.

Barry Brickey
423-224-2820
Office

NOTE: COMPLETION OF THE CITIZEN'S FIRE ACADEMY PROGRAM WILL NOT RESULT IN EMPLOYMENT WITH THE KINGSPORT FIRE DEPARTMENT.

KINGSPORT FIRE DEPARTMENT
PARTICIPATION RELEASE

The City of Kingsport (CITY), on condition of agreeing to the terms and conditions of the Participant Release set out below, agrees to permit you to participate in the **Citizen's Fire Academy** from_____thru _____, at the Kingsport Fire Department.

PARTICIPANT RELEASE

I,_____, acknowledge that my participation in the **Citizen's Fire Academy** is voluntary. I further acknowledge that my participation in the **Citizen's Fire Academ**y entails known and unanticipated risks that could result in physical or emotional injury to me or to third parties or damage to my property or that of the CITY or third parties. I will also agree not to divulge any confidential information from any KFD activity.

I DO HEREBY KNOWINGLY ASSUME ALL RISKS, KNOWN AND UNANTICIPATED, ASSOCIATED WITH PARTICIPATION IN THE ACTIVITY, FULLY REALIZING THAT IN SO DOING I MAY EXPOSE MYSELF TO THE EXTRAORDINARY DANGERS AND HAZARDS WHICH MAY ARISE IN CONNECTION THEREWITH, AND DO HEREBY RELEASE AND FOREVER DISCHARGE THE CITY, A MUNICIPAL CORPORATION, ITS SUCCESSORS, ASSIGNS, OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, AND CAUSES OF ACTIONS, WHATSOEVER, WHETHER SUCH ARE FOUNDED IN WHOLE OR IN PART UPON THE ALLEGED NEGLIGENCE OF THE CITY, ITS AGENTS OR EMPLOYEES, WHICH I, MY HEIRS, OR PERSONAL REPRESENTATIVES MAY EVER HAVE ARISING OUT OF, BY REASON OF, OR IN ANY MANNER HAVE GROWN OUT OF ANY INJURIES OR DAMAGES SUSTAINED BY ME BY REASON OF ANY ACCIDENT OR OTHER OCCURRENCE RESULTING FROM PARTICIPATION IN THE ACTIVITY.

In signing this release, I am relying wholly upon my own judgment, belief, and knowledge. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the **Citizen's Fire Academy**, I may be found by a court of law to have waived my right to maintain a lawsuit against the CITY on the basis of any claim from which I have released the CITY herein. I have had sufficient opportunity to read this entire document. I read and understand it, and I agree to be bound by its terms.

_____ _____
Signature Date

_____
Address

_____
Telephone Number



Kingsport Fire Department
Photograph & Video Release Form

I,_____, hereby grant the Kingsport Fire Department permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

_____ _____

Signature Date

_____

Address

_____

Telephone Number