

APPLICATION FOR EXPLORER PROGRAM

City of North Lauderdale

701 SW 71st Avenue

North Lauderdale, FL 33068

For applicants under the age of 18, parents or guardian must sign application. All applications must be notarized.

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apt. # _____ City _____ Zip _____

Phone Number _____ - _____ - _____ Cell Number _____ - _____ - _____ E-Mail _____

Current High School Grade Level _____ Current GPA _____

List any special abilities _____

Parent/Guardian Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apt. # _____ City _____ Zip _____

Phone Number _____ - _____ - _____ Cell Number _____ - _____ - _____ E-Mail _____

Emergency Contact Information (If different than parent/guardian above)

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apt. # _____ City _____ Zip _____

Phone Number _____ - _____ - _____ Cell Number _____ - _____ - _____ E-Mail _____

Relation to student _____

In three to five sentences explain why you want to join the Explorer program:

Assumption of Risk and Release of Liability

For and in consideration of being permitted to participate in all Explorer program activities and to ride as an observer with the North Lauderdale Fire Rescue Department in an emergency or other medically related vehicle of the educational benefits to be received, and in full recognition, understanding and appreciation of the basic nature of emergency work, and the possibility that situations will arise which result in my being exposed to physical harm or injury through, but not limited to, vehicle accidents, blood borne pathogens, disease or violent patients, I do hereby agree to assume all known and unknown risks in connection therewith. Further, I do hereby release and forever discharge the City of North Lauderdale, its officials, officers, agents, and employees from any liability or responsibility from any cause whatsoever, including negligence, for death or injury to my person or damages or loss to my property that I may sustain or suffer resulting from or in any manner connected with me participating in this activity.

I HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW.

Participant Signature _____ Parent/Guardian Signature _____

State of: Florida
County of: _____

This foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who is personally known to me _____, or had produced _____ as identification.

Notary Public, State of Florida at Large

NOTARY STAMP:

Printed Notary Name