



Virginia Department of Fire Programs

Parent/Guardian Consent Form

Session #: _____

To be filed with your VDFP Division Office prior to participating in an approved VDFP Training Course. All applicants age 16 or 17, must have a Parent or Guardian signature.

Please review and complete the information below. Sign your name and date, with a daytime telephone number and send this original document to the appropriate VDFP Division Office or the Course Coordinator prior to your son/daughter participating in any approved VDFP Course. Registration for the course will be denied until such time the form is completed in its entirety.

Junior Fire Fighter Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Participating Fire Department: _____

Parent/Guardian Name(s): _____ hereby certify that we/I am the Parents and/or lawful guardians of _____ Date of Birth: _____

We/I FULLY UNDERSTAND that the occupation of Firefighting has been declared hazardous by the Commissions of Department of Labor and Industry pertaining to teenagers and will instruct the minor that: (A) THE ACTIVITIES OF FIREFIGHTING ARE DANGEROUS and participating in these courses involve POTENTIAL RISKS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH as a result of falls from ladders, bodily burns, and excessive smoke inhalation; (B) These risks and dangers may be caused by the minor's own actions or inaction, the actions or inaction of others participating in the training program; (C) There may be OTHER RISKS NOT KNOWN TO US or that are not readily foreseeable at this time.

We/I consent to the minor's participation in the approved firefighting training activities and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOW AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY NOT CURRENTLY COVERED BY LOCALITY PERSONAL LIABILITY OR WORKERS COMPENSATION INSURANCE.

We/I further understand that the Virginia Department of Fire Programs furnishes qualified instructors for each course which are authorized to exercise judgment and discretion in the performance of their duties while training firefighters in the Commonwealth of Virginia to protect the lives and properties of their communities. We/I also understand that VDFP and the approved instructors do not offer personal liability or Workers Compensation insurance on any participants involved in firefighting training activities.

We/I HAVE READ THIS PARENTAL/GUARDIAN CONSENT FORM. We/I the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of activities the minor will be participating in, hereby our/my permission for my child/ward to attend and participate fully in all activities.

My parent(s) or legal guardian and I have read this form and thoroughly understand the potential dangers involved with firefighting activities.

_____ Printed Name of Junior Firefighter	_____ Signature of Junior Firefighter	_____ Date
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_____ Printed Name of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date
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_____ Printed Name of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date
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Daytime Contact Telephone Number: _____