



**CENTRAL  
FIRE PROTECTION DISTRICT**  
of Santa Cruz County

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930 17<sup>th</sup> Avenue, Santa Cruz, CA 95062-4125  
phone (831) 479-6842 fax (831) 479-6848

**EXPLORER PROGRAM WAIVER**

I, \_\_\_\_\_ the undersigned, have given my permission for my child \_\_\_\_\_ to participate in the Explorer Program put on through Central Fire Protection District of Santa Cruz County.

To the best of my knowledge my child is healthy and has no health restrictions that would prohibit his/her participation in any strenuous activities, (i.e. hose pulling, working with ladders, the wearing of breathing apparatus, etc.)

Knowing this, I am assuming all risk and will NOT hold the Central Fire Protection District of Santa Cruz County, or their employees responsible for any injury that may incur during the participation of this program. I will also hold the Central Fire Protection District of Santa Cruz County harmless from any claim for damages that may be filed for any such injury.

DATE \_\_\_\_\_ NAME \_\_\_\_\_  
Participant

NAME \_\_\_\_\_  
Parent/Guardian

NAME \_\_\_\_\_  
Signature

Emergency Telephone Number \_\_\_\_\_

*Serving The Communities of Capitola, Live Oak, and Soquel*