

# PfISD Fire Academy

## Student Release Form

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Printed Name of Emergency Contact

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Telephone Number

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Address of Emergency Contact

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Alternate Telephone Number

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City, State, Zip

We (I) are the parents or legal guardians of \_\_\_\_\_,  
(Student) and hereby grant permission for Student to participate in the PFISD Fire Academy.  
Participation is voluntary and we acknowledge that some of the Academy activities carry an inherent  
risk of danger and could result in injury or death. We also acknowledge that participants are required  
to follow safety rules and instructions and that a failure or refusal to follow rules or instructions may  
result in dismissal from the PFISD Fire Academy.

We hereby grant permission for Student named above to participate in events related to the PFISD  
Fire Academy, to include donning Self-Contained Breathing Apparatus, wearing Personal Protective  
Equipment, live fire training, and participating in a PFISD Physical Evaluation and an PFD Fitness  
Assessment.

We hereby grant permission for Student named above to travel to and from the PFISD Fire Academy  
for the duration of the PFISD school year by a vehicle driven by a Pflugerville Fire Department  
Employee or by privately owned vehicle.

### **RELEASE**

WE (I) HEREBY RELEASE AND COVENANT NOT TO SUE ON, OR PROSECUTE ANY CLAIM,  
DEMAND, SUIT, OR CAUSE OF ACTION FOR PERSONAL OR BODILY INJURY, INCLUDING  
DEATH, ARISING OUT OF OR CONCERNING STUDENT'S PARTICIPATION IN ACADEMY  
ACTIVITIES OR DUE TO THE ORDINARY NEGLIGENT ACTS OR OMISSIONS OF THE AUSTIN ISD,  
THEIR OFFICIALS, EMPLOYEES OR AGENTS.

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Parent or Guardian Name (print)

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Parent or Guardian Signature

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Date