



Youth Fire Academy Personal Protective Equipment (PPE) Waiver Form

I _____ understand that by opting to use my PPE from the Fire Department that I belong to and not using the PPE that is issued by Willingboro Fire Department for the Youth Fire Academy, that I am releasing the Township of Willingboro and the Willingboro Fire Department from all Liability of any damage that may occur from wearing and use of said PPE.

It is further agreed and understood that under no circumstances will Willingboro Township or the Willingboro Fire Department be responsible for the loss or damage of PPE not issued by the Willingboro Fire Department.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Fire Department Name: _____

Fire Chief Signature: _____ Date: _____