

District Official:

This document was signed before me on

Jefferson County Fire Protection District No. 2 • QUILCENE FIRE RESCUE •

70 Herbert Street PO Box 433 Quilcene, WA 98376 360.765.3333

ACKNOWLEDGEMENT OF RISK AND HOLD HARMLESS AGREEMENT

Describe Activity	
hereinafter called "activity"), on the grounds of, and/or wi Protection District No. 2, dba Quilcene Fire Rescue (hereinafter	-
understand that such activity may carry with it inherent risks. with such activity, including but not limited to property damaging, and death. I am voluntarily engaging in such activity whereby agree to accept any and all inherent risks of property date.	age or loss, minor bodily injury, severe boowith the knowledge of the risks involved a
n exchange for the privilege of engaging in such activity on the Rescue, and to the fullest extent permitted by law, I agree to incident Rescue, its elected officials, officers, employees, agents, claims arising out of or resulting from such activity. "Claim" as oss, claim, suit, action, damage, or expense, including but no codily injury, sickness, disease or death, or injury to or destruct resulting therefrom.	ndemnify, defend and hold harmless Quilce, volunteers and assigns from and against as used in this agreement means any finance limited to attorney's fees, attributable
n addition, I hereby voluntarily hold harmless Quilcene Fire Research, volunteers and assigns from any and all claims, both purpose of the property of the pro	oresent and future, that may be made by nee to indemnify, defend, and hold harmles, agents, volunteers and assigns for any cla
further understand that this acknowledgment of risk and honclusive as permitted by the laws of the State of Washington agree that the balance shall, notwithstanding, continue in facknowledgment of risk and hold harmless is effective for as liguest of Quilcene Fire Rescue to abide by all Quilcene to abide by all Qui	and that if any portion hereof is held invalid full legal force and effect. I agree that the long as I engage in such activity. I agree a
rinted name: First Middle	Last Date of Birth
gnature: X	
	Date

Date

Signature of District Official (Chief or Officer)