



Rio Arriba County Fire & Emergency Services

Junior Firefighter Parental Consent & Approval

Junior Firefighter's Information: (Please Print)

Name: _____ Age: _____

Parent/Guardian Info: (Please Print)

Name: _____
Mailing Address: _____
Physical Address: _____
Email Address: _____
Cell Phone: _____ Work Phone: _____

I, _____, hereby give my permission for my son/daughter mentioned above to participate in the Rio Arriba County Fire and Emergency Services Junior Firefighter Program as outlined in Article 9 of the Rio Arriba County Fire & EMS District Bylaws. By signing this document, I affirm that I have read it and that I understand that my child may be participating in a variety of physical activities including, but not limited to: lifting items, climbing upstairs/ladders, managing a fire hose, and sitting/riding in a fire service vehicles. I recognize that there are risks associated with this activity and agree to hold harmless Rio Arriba County, Rio Arriba County Fire and Emergency Services, its Fire Districts and/or members of Rio Arriba County Fire and Emergency Services or its Fire Districts.

I, the parent, guardian, or legal custodian of the above child do hereby consent to the above release and agree to all terms stated above.

Parent/Guardian: _____ Date: _____
Junior Firefighter: _____ Date: _____
Witness: _____ Date: _____

Photo Release:

I understand that my child _____ is willingly appearing on camera for images/scenes to be used by Rio Arriba County Fire and Emergency Services and or its Fire Districts. I understand that these images/scenes may appear in printed advertisements, or on social media, as well as in Rio Arriba County Fire and Emergency Services or its Fire Districts publications/brochures/videos.

Parent/Guardian: _____ Date: _____
Junior Firefighter: _____ Date: _____
Witness: _____ Date: _____



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Does your child have any physical limitations that we the Fire District should know about in reference to Department training and activities? (Asthma, Epilepsy, etc...)

In Case of Emergency Contact:

Name: _____

Relation to Junior Firefighter: _____

Phone: _____

Address: _____

Mentor assigned to:

Mentor Signature: _____ Date: _____

District Chief Signature: _____ Date: _____