

**EL PASO FIRE DEPARTMENT
MEDIA ACADEMY
APPLICATION, AUTHORIZATION AND RELEASE OF LIABILITY**

APPLICANT MUST BE 19 YEARS OF AGE TO APPLY. THE APPLICATION MUST BE COMPLETED IN FULL. FAILURE TO PROVIDE INFORMATION MAY RESULT IN REJECTION. PLEASE PRINT ALL INFORMATION IN INK.

PERSONAL

NAME: _____ DATE OF BIRTH: _____
 LAST FIRST MIDDLE MO/DAY/YR

ADDRESS: _____ PHONE NO.: _____

TEXAS DRIVER'S LICENSE NUMBER: _____

TEXAS ID CARD NUMBER: _____

SOCIAL SECURITY NUMBER: _____

HAVRYOU EVER BEEN ARRESTED, CHARGED OR CONVICTED FOR ANY FELONY OFFENSE? _____ (If yes, **provide** an explanation on the back of the application)

HAVE YOU BEEN CHARGED WITH ANY CLASS A OR B MISDEMEANOR IN THE LAST TWO YEARS? _____ (If yes, provide an explanation on the back of the application)

EMPLOYMENT

EMPLOYER'S (COMPANY) NAME: _____

POSITION HELD (TITLE): _____

LENGTH OF EMPLOYMENT: _____

ADDRESS: _____ PHONE NO.: _____

VERIFICATION OF EMPLOYMENT:

I hereby verify that the individual submitting this application is an employee with this organization/business. I further verify that I am aware that this employee is participating in this event for educational purposes as it relates to their employment.

Employer's Printed Name and Title

Signature and Date

EMERGENCY INFORMATION

PHYSICIAN'S NAME: _____ ADDRESS: _____
 PHONE NO.: _____

MEDICAL INSURANCE COMPANY: _____
 POLICY NO: _____ PHONE NO.: _____

IN THE EVENT OF THE NEED FOR MEDICAL TREATMENT, LIST ANY ALLERGILS, MEDICATIONS OR CHRONIC CONDITIONS:

LIST TWO CONTACTS IN THE EVENT OF AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

I authorize medical personnel to conduct or perform any medical treatment I may need in the event of an emergency. I also understand and agree that I am financially responsible for any medical treatment I may receive.

Participant's Signature

Date

I, the undersigned, desire to be a participant in the MEDIA ACADEMY of the El Paso Fire Department. For and in consideration of my application for participation in the program, I hereby voluntarily execute this APPLICATION, AUTHORIZATION AND RELEASE OF LIABILITY form, and authorize and agree to the following:

1. If accepted into the Academy, I agree to attend the required information training classes of the El Paso Fire Department (EPFD) and to abide by the requirements for participation in the program and all instructions given to me by the EPFD.
2. I understand that my participation in the Academy does not make me an agent of the City of El Paso (City). I will not take any actions while participating in the Academy that would cause me to become an agent of the City, nor will I represent myself to be an agent of the City.
3. I will not carry any weapons with me during my participation in the Academy and if I am or become licensed to can-v a concealed handgun under state law, I voluntarily relinquish any rights or privilege that I may have to carry a concealed handgun during my participation in the Academy.
4. I authorize the City and the EPFD to conduct a background check and access any criminal history records information on myself that may be held by the El Paso Police Department or any other law enforcement agency.
5. I agree not to involve myself with any duties that that may be undertaken by an employee of the EPFD during my participation in the Academy.
6. I understand that participation in the Academy is solely a decision of the City and the EPFD and that my participation in the Academy may be terminated at any time, for any reason, and without notice.

I hereby release the City of El Paso, the El Paso Fire Department. and its officers, agents, employees and volunteers, from any and all liabilities, claims, demands, causes of action or obligations whatsoever, known or unknown, directly or indirectly arising out of

or relating to my participation in the Media Academy; including but not limited to all liabilities, claims, demands, causes of action or obligations arising out of entry onto City property; damages caused by or injuries inflicted by third parties encountered during participation in the Academy.

The undersigned states that this APPLICATION, AUTHORIZATION AND RELEASE OF LIABILITY form has been carefully read and is signed as the free act and deed of said undersigned.

Participant's Signature

Date

Witness Signature

Printed Name