



# Danville and Pittsylvania County Regional Fire Training Center



Danville Fire Department  
600 Lynn Street  
Danville, VA 24541  
Telephone: 434 799 5226  
Fax: 434 797 8943

## **ASSUMPTION OF RISK AND WAIVER OF CLAIM**

Pittsylvania County  
Fire & Rescue Association  
P. O. Box 426  
Chatham, VA 24531  
Telephone: 434 432 7939  
Fax: 434 432 7950

I, (Print name:) \_\_\_\_\_, wish to participate in \_\_\_\_\_ training, conducted at the Danville and Pittsylvania County Regional Fire Training Center, 658 Stinson Drive, Danville, Virginia or any other training area located on property owned or controlled by the City of Danville or Pittsylvania County.

I understand that the above-mentioned training involves activity that is both strenuous and physically demanding and could result in my being physically injured. Such injuries could include strained, sprained or torn muscles, ligaments and tendons, broken bones, head or back injuries, concussions and even loss of life. I understand that this is only a partial list of the injuries I might receive as the result of engaging in this activity. I further understand that there may be a risk of injury in traveling to and from the area where the activity takes place.

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions and/or requirements.

I understand that it is important that I be in good physical condition when I engage in this activity, and I understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss (including death) that I might sustain as the result of participating in this activity and any transportation related thereto.

I also expressly waive and covenant not to sue on any claim I might have against the City of Danville, Virginia, or the County of Pittsylvania, Virginia or the officers and employees thereof or the estate or representatives of such person for any personal injury or loss of any kind (including death) which I might sustain as the result of engaging in any activity relating to this training whether caused by negligence, breach of contract or otherwise.

I agree to save and hold the City of Danville, Virginia and the County of Pittsylvania, Virginia harmless for any injury, physical or otherwise, that I may sustain while utilizing the training facilities including but not limited to any medical expenses, funeral expenses, property loss, pain and suffering, attorney fees (including the cost of defense), physical therapy expenses, or any other expenses that I may suffer as a result of an injury sustained from use of the Danville and Pittsylvania County Regional Fire Training Center.

**I, THE UNDERSIGNED, HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF CLAIM FORM AND UNDERSTAND AND AGREE THAT BY SIGNING SUCH I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I MAY OTHERWISE ENJOY. I FURTHER UNDERSTAND THAT THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE COMMONWEALTH OF VIRGINIA.**

**PLEASE READ CAREFULLY BEFORE SIGNING**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness (PRINT): \_\_\_\_\_