

**LIABILITY RELEASE FORM
FOR FIREFIGHTING TRAINING AT THE FACILITIES OF
THE WILLIAMSON COUNTY, TENNESSEE (EMPLOYEE)**

In consideration of receiving permission from the Williamson County, Tennessee, (the "County") to enter onto the property of the City (Brentwood, Fairview, Franklin or Nolensville), County, Camp Whippoorwill, Goat Hill (Born) or State of TN Parks for training to receive instruction and to participate in training exercises at the County / City's firefighting facilities on _____,20____ (dates of training), the receipt of such permission being hereby acknowledged, the undersigned hereby releases and holds harmless the City of Brentwood, Fairview, Franklin, Nolensville, Springhill, Williamson County, Williamson County EMA/Fire, TFACA and its board of mayor and aldermen, employees, agents, officers, and servants, in their official and personal capacities, of and from any and all liability, claims, demands, actions, and causes of action, whatsoever, including but not limited to negligent, grossly negligent or intentional acts or omissions of County/City personnel or third persons, arising out of or relating to any loss, damage, or physical or mental injury, including death, that may be sustained by the undersigned, or any property or equipment belonging to or in the possession of the undersigned, while in, on or upon these premises, or en route to or from these premises.

The undersigned, Williamson County Public Safety, May 14, 2025, risks and hazards inherent upon entering said premises and/or in participating in such training and training exercises or any related activity upon said premises, hereby elects voluntarily to enter upon said premises, knowing of the premises' said condition and knowing that said condition may become more hazardous and dangerous during the training, it being the purpose of the facility and of the training to simulate actual hazardous conditions faced in firefighting.

The undersigned hereby waives any further notice of the conditions and of supervision by County / City personnel, having voluntarily and solely assumed, as evidenced by signature below, all risk of loss, claims, demands, actions, and causes of action, whatsoever, arising out of or relating to any loss, damage, or physical or mental injury, including death,

that may be sustained by the undersigned, or any property or equipment belonging to or in the possession of the undersigned, while in, on or upon these premises, or en route to or from these premises.

This release shall be binding on the heirs, next of kin, executors, administrators and personal representatives of the undersigned.

In signing this release, the undersigned hereby acknowledges and represents, in addition to the foregoing:

- (a) That he/she has read the foregoing release, understands it, and signs it voluntarily.
- (b) That he/she is over eighteen (18) years of age and of sound mind.
- (c) That he/she assumes all liability for and has medical insurance adequate to cover any medical expenses for injuries incurred on the premises or relating to the training or exercises.

NAME (printed): _____

SIGNATURE: _____

ORGANIZATION: Williamson County Public Safety

DATE: May 14 2025