

**SAN FRANCISCO**



**FIRE DEPARTMENT**

**698 Second Street San Francisco, CA 94107-2015  
Telephone (415) 558-3403 Facsimile (415) 558-3407**

AGREEMENT TO VISIT FIRE DEPARTMENT PROPERTY AND RELEASE OF LIABILITY FOR ADULTS

1. I, the undersigned have requested the San Francisco Fire Department for permission to:

\_\_\_\_\_  
\_\_\_\_\_

For and in consideration of the Department's agreement to grant this request, the undersigned and all successors, assigned heirs, executors, and administrators (hereinafter referred to as "the undersigned") understand and agree to the following:

- 2. I, the undersigned understand and agree that participation in this event shall be at the undersigned's sole risk, and that the Fire Department, the City and County of San Francisco, its elected and appointed boards, agents, servants, employees, commissioners, and officers (hereinafter referred to the "Department") shall not be liable for any physical injuries or any damage to the undersigned, or for damage to the undersigned, or for damage or loss of property of the undersigned, whether caused by negligence or other acts or omissions of the Department, other than liability for intentional or grossly negligent acts. By assumption of all risks, the undersigned agrees that the Department shall not be liable for any claim, action, cause of action, damages, or demand, in law or equity, of every kind or character, on account of personal injury or damage to the undersigned or the undersigned's property.
- 3. I, the undersigned acknowledge that this agreement constitutes the entire understanding and agreement concerning liability for the event set forth in the above paragraphs, and the undersigned acknowledges that this agreement cannot be changed without a writing signed by the authorized agent of the San Francisco Fire Department.

I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING AGREEMENT AND AGREE TO THE TERMS AND CONDITIONS STATED THEREIN.

Executed at \_\_\_\_\_, San Francisco, California on \_\_\_\_\_.

\_\_\_\_\_  
Visitor Name (PRINT)

\_\_\_\_\_  
Signature Fire Department Personnel

\_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number