

Camp Fire Axe Application



- Name:
- Age:
- Height and Weight:
- T-shirt size:

The following are a few simple questions. Please answer them thoughtfully.

1. In your mind, what kind of person is a firefighter paramedic?
2. Do you feel that you can be that person above? Why or why not?
3. What interests you most about a career as a firefighter/paramedic?
4. What do you expect to get out of Camp Fire Axe?
5. Before this opportunity had you considered a career in public service?
6. Can you put your trust in Camp Fire Axe instructors?
7. Do you have any concerns or questions?

Please fill out contact information below.

Name:

Phone #:

E-mail:

Parent's Name:

Thank you.

Send completed, application, City of Bend release waiver, and consent for medical treatment to: Camp Fire Axe, 1212 NW Simpson Ave., Bend, Or. 97701.

This camp is a very unique opportunity. Hundreds of hours are donated by local firefighters. All of the facilities and equipment, are City of Bend property. This camp is a collaboration of many. Unfortunately the camp is not free. The cost for each camper is \$200.00. The fee is to pay for t-shirts, food, drink, and supplies.

Please do not send any money at this time. I will collect payment on the day you come to camp. Please bring cash. If I have not used all collections I will refund the remaining balance. If you cannot afford the payment, contact me. I will look for a benefactor. Money should not keep anyone from attending camp.

If you are applying to Camp Fire Axe then you are taking a step towards your future. You are beginning to take some ownership in that person you will be ten years from now. Congratulations!

We are looking forward to meeting you.

Sincerely,
James Adams
City of Bend Fire Dept.
Captain/Paramedic

City of Bend Release from Liability Agreement



In consideration of the right to participate in any way in City of Bend related events and activities, including the City of Bend Camp Fire Axe, I release the City of Bend, its officials and employees from any and all claims for damages and losses suffered by me, or my minor child, including any physical or emotional injury, or death which the minor(s) named below may suffer or for which he or she may be liable to others. I further agree to hold harmless, indemnify, and defend the City of Bend and its officers, employees, and agents from and against all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature resulting from, arising out of, or related to the activities of or its officers, employees, or agents, or event participants in connection with the events or activities which are the subject of this agreement. This release applies to any activities arising out of, or in any way connected with, my/our participation in the City of Bend Fire Camp event.

I understand that there are certain risks inherent in this activity. I agree to assume those risks on my behalf or on the behalf of my minor child and to hold harmless, indemnify, and defend the City of Bend, its employees and agents. I waive all such claims I might otherwise have against the City of Bend for injuries or damages, regardless of negligence on the part of the City of Bend or any of its agents.

This release and indemnity agreement applies to all claims, suits, actions, losses, damages, liabilities, costs, and expenses of any nature resulting from, arising out of, or related to the activities of the City of Bend or its officers, employees, volunteers, agents, or event participants in connection with the events or activities which are the subject of this agreement.

In case of emergency, every attempt will be made to contact both the parents and the emergency contact number. However, should contact not be established, I give permission to the City of Bend to act in my child's best interest, in regard to emergency care and or hospitalization.

Child's Name: _____

Birth date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Parent's Name (print): _____

Emergency Contact Name (other than parent):

Emergency Contact Phone Number: _____

The undersigned, by my signature below, signifies that I am executing this waiver and release as my free and voluntary act and deed.

Parent's Signature: _____
Date: _____

Letter of Consent for Medical Treatment of a Minor

I, _____, give the EMT's on the staff of Camp Fire Axe, or other trained EMT, permission to treat my under age (18yrs) child, and if necessary, transport to the hospital. I understand all efforts will be made to contact me if my child is treated or transported.

Signature:

Child's Name:

Child's DOB:

Medical History of child:

Allergies to Medications:

Medications currently using:

Any information you would like us to know about your child: