

Hillsville Volunteer Fire Department Cadet Program

I _____, as the parent or guardian of _____, give my permission for my son/daughter to participate in the Hillsville Volunteer Fire Departments Cadet program. I am aware that there are all types of risks that may be present at any scene in which they may encounter. By signing this, I hereby release Hillsville Volunteer Fire Department members and officers from any liability from any injury which may occur.

Parent or Legal Guardian Signature

Date