

\_\_\_\_\_ **Fire Department**  
**Permission to Perform Structural Live Burn Fire Attack Training  
and Release From Liability**

I/we, \_\_\_\_\_ of  
\_\_\_\_\_ hereby give consent to the \_\_\_\_\_ Fire Department to burn or otherwise  
demolish the structure located at \_\_\_\_\_. I am/we are the sole  
owner(s) of the described above property.

There are no liens against the property described above, and I/we have no insurance of any type which will apply to the structure  
described. I/we understand that is the intent of the \_\_\_\_\_ Fire Department to burn or otherwise destroy the  
described property and employ all fire control measures as deemed necessary.

The undersigned hereby releases the \_\_\_\_\_ Fire Department, any associated training agencies, and other  
fire departments involved, as well as their agents and employees, from all claims, actions, demands, rights, damage-costs, loss  
of service, expenses, and compensation whatsoever which may hereafter arrive on account of or in any way growing out of all  
known and unknown, foreseen and unforeseen bodily and personal injuries or property damages resulting from the destruction  
of the property described. This release is executed for the purpose of consenting to said acts by the agencies involved and is  
given for the purpose of expressly holding those departments harmless from such acts of destruction for the purpose of fire  
service training.

I understand that when fire training is complete, there will remain wood, ash, charcoal, masonry, and other unburned items that  
I/we, as property owners, will need to dispose of in a reasonable amount of time, but not to exceed six months. Further, after fire  
training operations have concluded, hazards such as cellar holes, etc., must be barricaded and/or remedied by me/us as soon  
as possible.

**Please clearly print your name then sign below:**

Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fire Department

Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_