



Marion County CPT Orientation Waiver Form

Photograph Consent

I grant MCCFD the right to use and publish photographs of me, or in which I may be included.

Insurance

I understand that **accident insurance** provided by Marion County is effective after I sign this agreement and applies after my own medical or any other primary coverage has reached its limits. I will provide proof of personal vehicle insurance in order to drive on the job.

I understand that I am included in the **tort and civil liability coverage** provided by Marion County. To be indemnified (protected from cost of judgment), I must conduct myself within the scope of official duty, and must not constitute willful neglect.

Compensation

My participation with the MCCFD is completely voluntary and I will not accept compensation for my participation.

Code of Ethics

I understand that I will represent the MCCFD as a volunteer and will conduct myself in a professional, responsible, and safe manner at all times.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature.

I have completed the MCCFD orientation and received my CPT handbook.

Signature

Date

Print Name