



**LEARNER INDEMNITY**

<b>NAME</b>		<b>ID</b>	
<b>ADDRESS</b>			
		<b>TEL</b>	

I, the abovementioned, hereby indemnify Rural Metro, including their employees, agents and representatives, from any claim of whatever nature arising from my activities and participation in the training program conducted at \_\_\_\_\_, during the period

From: \_\_\_\_\_ To: \_\_\_\_\_

I am not aware of any physical, mental or medical condition that would negatively influence my participation in the training program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

**CONTROLLED  
COPY**

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