

LIVE FIRE TRAINING PROGRAM

Dear Property Owner:

Thank you for expressing an interest in donating your structure to the Meridian Fire Department for our Live Fire Training Program! Structure donations enhance firefighter training opportunities and improve our ability to make our community safe.

Completion of the tasks on this checklist will protect the health and safety of all parties involved, preserve the environment, and ensure compliance with applicable federal, state, and local laws. Please carefully read this information. If your structure is accepted for our use, all required inspections and permitting listed here, as well as any other tasks that may be required, must be completed prior to initiation of training exercises.

Please also consult your tax professional, legal counsel, and/or insurance agent so that you may fully understand all tax, legal, and insurance implications related to your donation of a structure to the Meridian Fire Department prior to initiating this process. For any questions you may have regarding this program, please contact the Meridian Fire Department Training Division at 208-888-1234. Thank you again for your donation and your support!

Sincerely,

Deputy Chief Jordan Reese Meridian Fire Department

33 East Broadway Avenue Meridian, Idaho 83642



LIVE FIRE TRAINING PROGRAM PARTICIPANT CHECKLIST

DATE COMPLETE	PROPERTY OWNER REQUIREMENT	CONTACT
	1. Property inspection. □ Schedule MFD inspection of property to determine whether structure is appropriate for training. □ Review and complete the Live Fire Training Exercise Certificate of Authorization. □ Review and complete the Liability Release Form.	Meridian Fire Department, Training Division Phone: 208-888-1234
	2. Title report. Title report must show clear title; MFD cannot accept structures secured by liens or otherwise encumbered.	Local title company
	3. Asbestos inspection and abatement. ☐ Contact a licensed asbestos inspector to perform a full asbestos inspection on the donated structure(s). ☐ Abate asbestos, if any.	Licensed asbestos inspectors and removal: http://yosemite.epa.gov/r10/ owcm.nsf/ info/RCRAInfo+FOIA+Reports
	4. Demolition permit. ☐ Obtain a demolition permit from the City of Meridian or Ada County, as required. MFD will accept only a full demolition permit.	City of Meridian Community Development Department, Building Services Division Phone: 208-887-2211 Ada County Development Services Phone: 208-287-7900
	5. Disconnect utilities and tanks. □ Disconnect natural gas. □ Disconnect electricity. □ Disconnect domestic water. □ Disconnect irrigation water. □ Disconnect sewer. □ Disconnect on-site propane or other fuel tanks and remove from the property.	Intermountain Gas Company Phone: 208-377-6840 Idaho Power Phone: 208-388-2323 City of Meridian Public Works Department, Water Division Phone: 208-888-5242 City of Meridian Public Works Department, Wastewater Div. Phone 208-888-2191

6. Complete all MFD forms. ☐ Review and complete the Live Fire Training Exercise Certificate of Authorization. ☐ Review and complete Liability Release form.	Meridian Fire Department, Training Division Phone: 208-888-1234
7. Cancel insurance. ☐ Structure donated may not be insured. Obtain certificate of cancelation.	Insurer
8. Provide documentation to MFD. At least two weeks prior to the planned demolition, provide MFD: Completed checklist. Copy of asbestos inspector's Idaho license. Asbestos inspection report and abatement certification. Title report showing clear title. Demolition permits. Signed, notarized Live Fire Training Program Authorization, Release, and Indemnification. Certificate of insurance cancelation.	Meridian Fire Department, Training Division Phone: 208-888-1234
9. Remove debris. Following training exercise: ☐ Remove all burned or unburned debris from the property. ☐ Remove open pits, basements, and wells. ☐ Remove standing walls and chimneys.	



LIVE FIRE TRAINING PROGRAM AUTHORIZATION, RELEASE, AND INDEMNIFICATION

Each owner of real property on which the donated structure is located must complete and sign a separate copy of this Authorization, Release, and Indemnification form. Property owner name(s): Property owner mailing address: Property owner physical address: Structure location/address: Structure location/parcel no.: Describe donated structures: , in consideration PRINT NAME(S) of my/our participation in the City of Meridian Fire Department's Live Fire Training Program ("Program"), and intending to be legally bound, do agree that: I am/we are the true owner(s) of the above-described property and all structures thereon, and do hereby INITIAL grant to the City of Meridian Fire Department permission to utilize the above-described property and structures for training. I am/we are voluntarily participating in the Live Fire Training Program ("Program"). I/we acknowledge INITIAL that my/our participation in Program carries risks, some of which are unknown, and with that knowledge do assume all known and unknown risks and hazards of my participation in Program. I/we understand that my participation in the Program indicates my/our consent to Program INITIAL representatives entering the property set forth above for purposes of inspection and live fire training exercises, including, but not limited to, physical demolition and or burning, such building(s) as designated on the above described property. I/we certify that I/we have completed all tasks as set forth on the Live Fire Training Program INITIAL Participant Checklist, including disconnection and removal of all utilities and on-site tanks.

INITIAL	I/we understand that the donated structure(s) may not be destroyed or may be only partially destroyed. I/we agree to completely remove any hazardous conditions remaining following the training exercise, including but not limited to, open pits, basements and wells, standing walls and chimneys, and burned and unburned debris within seventy-two hours (72) hours following the completion of the training exercise, and do hereby acknowledge and assume any and all liability for injury and damage that may occur following completion of the training exercise.		
ĪNITIAL	On behalf of myself/ourselves, my/our heirs, executors, administrators, assigns, and personal representative, I/we hereby release and forever hold harmless the City of Meridian and its employees, elected officials, volunteers, and agents ("City") City from any and all real or possible losses, claims, actions, judgments for damages, expenses, harm or injury to myself/ourselves, to other persons, and/or to property incurred in relation to my/our participation in the Program not attributable to the tortuous conduct of City, regardless of the manner by which such claim may be brought.		
——— INITIAL	I/we understand that the City of Meridian provides no insurance or benefit coverage of any kind for injury, death, or property damage that does or may result from or related to my/our participation in the Program.		
 INITIAL	I/we understand that my/our approval of this agreement means that I/we cannot later bring a claim against the City, its agents, and/or its employees.		
 INITIAL	I/we have had time to read and understand all of the above conditions and terms. I/we have had time and opportunity to consult my tax professional, legal counsel, and insurance agent and do fully understand all tax, legal, and insurance implications related to the donation of a structure to the Meridian Fire Department.		
 INITIAL	My/our signature(s) below signifies that I understand and cons	ent to all of these terms and wish to participate in the Program.	
Signat	cure:	County of	
Print name:		I HEREBY CERTIFY that on this day of, 20, before the undersigned, a Notary Public in the State of Idaho,	
Date:		personally appeared, proven to me to be the person who executed the said instrument, and acknowledged to me that such person executed the same. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.	
		Notary Public for Idaho Residing at, Idaho My Commission Expires:	
Signat	ture:	STATE OF IDAHO) ss:	
	name:	I HEREBY CERTIFY that on this day of, 20, before the undersigned, a Notary Public in the State of Idaho,	
		personally appeared,	
		Notary Public for Idaho Residing at, Idaho My Commission Expires:	

Signature:) ss:
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	Notary Public for Idaho Residing at, Idaho
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	Residing at, Idaho My Commission Expires:
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STATE OF IDAHO

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