



## LIVE FIRE TRAINING PROGRAM

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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,

**Division Chief Jordan Reese**  
Training Division  
Meridian Fire Department  
33 East Broadway Avenue  
Meridian, Idaho 83642





3B~~SHWR~~~~0~~PHV

3B~~SHWR~~~~0~~DLOLO DGGH~~V~~

3B~~SHWR~~~~0~~U S~~K~~FDODGGH~~V~~

6W~~F~~W~~M~~ORFDWLRDGGH~~V~~

6W~~F~~W~~M~~ORFDWLRSD~~B~~HOB~~0~~

H~~F~~U~~E~~HGRDWH~~G~~~~V~~~~M~~~~V~~

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3586

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D~~H~~H~~W~~~~0~~W

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N~~R~~~~0~~HGHGRD~~X~~HDOO N~~R~~~~0~~ D~~G~~~~R~~~~0~~ L~~M~~~~D~~~~G~~~~0~~~~D~~~~U~~ G~~V~~~~R~~~~I~~~~P~~ SDWLF~~LS~~DWLR~~D~~~~0~~~~BP~~

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H~~F~~~~H~~~~L~~~~M~~~~V~~~~E~~~~0~~~~L~~~~0~~ Q~~W~~~~O~~~~L~~~~P~~~~L~~~~W~~~~H~~~~G~~~~W~~~~R~~~~S~~~~K~~~~F~~~~D~~~~O~~~~G~~~~H~~~~P~~~~R~~~~O~~~~L~~~~W~~~~L~~~~R~~~~D~~~~G~~~~R~~~~E~~~~K~~~~K~~ X~~L~~~~O~~~~G~~~~L~~~~D~~~~V~~ G~~H~~~~U~~~~W~~~~H~~~~G~~~~R~~~~W~~~~K~~~~D~~~~E~~~~R~~~~Y~~  
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\_\_\_\_\_  
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.

\_\_\_\_\_  
INITIAL 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 consent to all of these terms and wish to participate in the Program.

Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Date: \_\_\_\_\_

STATE OF IDAHO )  
 ) ss:  
County of \_\_\_\_\_ )  
I HEREBY CERTIFY that on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_,  
before the undersigned, a Notary Public in the State of Idaho,  
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: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Date: \_\_\_\_\_

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 ) ss:  
County of \_\_\_\_\_ )  
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Notary Public for Idaho  
Residing at \_\_\_\_\_, Idaho  
My Commission Expires: \_\_\_\_\_

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

Print name: \_\_\_\_\_

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

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Residing at \_\_\_\_\_, Idaho  
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Residing at \_\_\_\_\_, Idaho  
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