The Commonwealth of Massachusetts
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**RELEASE OF LIABILITY AND AUTHORIZATION FOR DISCLOSURE OF INJURY RECORDS**

I, _____, hereby authorize the Department of Fire Services to release and disclose any and all records in their possession relating to any injury I sustained during my participation in training, activities, or events conducted or overseen by the Department of Fire Services or the Massachusetts Firefighting Academy. This includes, but is not limited to, injury reports, incident documentation, and instructor reports of injury. I understand that these records may contain information that is medical in nature or otherwise protected under the Massachusetts Public Records Law and other applicable statutes and regulations. I voluntarily consent to the disclosure of such information and I waive any claim of confidentiality with respect to these records to the extent necessary to allow such disclosure.

In consideration of the release of these records, I hereby release, acquit, and forever discharge the Commonwealth of Massachusetts, the Executive Office of Public Safety and Security, and the Department of Fire Services, including all of their officers, employees, agents, and assigns, from any and all claims, demands, actions, and causes of action, known or unknown, arising out of or in any way related to the release or disclosure of the information described above.

This release is given voluntarily and with the understanding that I am under no obligation to authorize the release of this information. I further understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance on this authorization.. I hereby certify that I have read this document and understand its content.

_____ _____

Name Date

_____

Signature