

CORAL GABLES FIRE DEPARTMENT

NAME (PLEASE PRINT):

ADDRESS:

TELEPHONE NUMBER:

ORGANIZATION/AFFILIATION:

MIAMI DADE COLLEGE

DATE:

I hereby request permission to utilize Coral Gables Fire Department extrication tools and equipment during the Miami Dade College sponsored vehicle extrication class. I am fully cognizant of the dangers involved, and hereby absolve the Coral Gables Fire Department and the City of Coral Gables of any liability in the event of my death or injury, both personally and on behalf of my heirs and executors.

Student Signature

Return this form when completed to the Public Information Office.

2815 Salzedo Street
Coral Gables, FL 33134
(305) 460-5582