



# BLUE GRASS AIRPORT REGIONAL ARFF TRAINING CENTER

## Agency Release and Indemnity Agreement (One Form per Agency Required)

In consideration of receiving FAR Part 139.319 aircraft rescue and fire fighting training at the Blue Grass Airport Regional ARFF Training Center, Versailles Road, Lexington, Kentucky.

\_\_\_\_\_ (Hereinafter "Agency") agrees as follows:  
(Name of unit/department/agency)

1. Agency may provide its own supervisors, equipment and other materials necessary for its training program. Agency agrees that all provided supervisors shall be properly trained in aircraft rescue and firefighting training safety, all provided department equipment and material are in proper and safe condition and that proper safety practices shall be observed at all times during Agency's use of the training facility.
2. Agency agrees to release, hold harmless and indemnify the Blue Grass Airport, Lexington-Fayette Urban County Airport Board, their officers, directors, agents, representatives and employees (hereinafter "Releasees") from any and all claims, liabilities, litigation and causes of action (including attorney's fees and legal defense costs Releasees may incur) which it, its personnel or third parties may have as a result of any injuries or damages sustained while in the training, in traveling to or from the training site, or in any way resulting from the training, including injuries or damages resulting from the ordinary negligence or gross negligence of Releasees. This Release does not apply, however, to intentional, willful or wanton conduct by the Releasees.
3. The Agency agrees that this Release does not constitute a waiver by the Blue Grass Airport, Blue Grass Airport Board or the Lexington-Fayette Urban County Government of their defense of governmental immunity, or any other defense recognized by the statutes and common law of this Commonwealth.
4. The Agency confirms that it has in place workers' compensation insurance coverage and/or general liability insurance coverage that provides coverage for all of its individuals who are participating in this training if they are injured during or as a result of this training.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

BY \_\_\_\_\_

FIRE CHIEF OR AUTHORIZED AGENT FOR AGENCY

WITNESS: