

Regional District of North Okanagan EMERGENCY OPERATIONS CENTRE

EVACUATION AREA ACCESS PERMIT

NO PERSON UNDER THE AGE OF 19 WILL BE PERMITTED TO ACCESS EVACUATION AREA

This permit gives the named individual(s) the permission to travel into the Evacuation Order area as per the conditions outlined. INVALID UNLESS SIGNED BY INCIDENT COMMANDER AND LOCAL AUTHORITY/FIRST NATIONS.

Emergency EOC	ct Number		PERMIT NUMBER				
PERMIT RESTRICTIONS							
PERMIT ENTRY DATE / TIME		PERMIT EXPIRY DATE / TIME					
CHECKPOINT LOCATION						·	
DESTINATION / ADDRESS							
ROUTE TO DESTINATION							
PERMIT HOLDER'S INFORMATION							
FULL LEGAL NAME					D.O.B. / AGE		
PHONE NUMBER				DRIVER'S LICENCE #			
ADDRESS							
VEHICLE INFORMATION							
MAKE/MODEL	PLATE NUME			ER .		COLOUR	
APPROVED PASSENGER NAME(S)							
PURPOSE OF ACCESS							
REASON FOR ENTRY							
of the following BCEMS goals		☐ Ensure the hea☐ Save lives☐ Reduce sufferi☐ Protect public	-	sponders			
WAIVER AND AGREEMENT (RELEASE AND INDEMNITY – PLEASE READ CAREFULLY)							
"I understand that I have voluntarily chosen to enter into an area that is under an evacuation order due to extreme and imminent hazards and as such, I accept complete responsibility and liability for my actions and choices. In consideration for being permitted to temporarily enter the evacuation area, I hereby release and forever discharge the [Local Authority / First Nation] and other responding agencies and their officers, agents, employees, contractors and volunteers (collectively, the "Released Parties") and agree to indemnify and save harmless the Released Parties from and against all losses, claims, damages, actions, causes of action, costs and expenses whatsoever, that the Released Parties may sustain, incur, suffer or be put to, including those arising from the negligence of the Released Parties, by reason of this permit or my entering into the evacuation area."							
Name (print):				Signature:			
Name (print):	S	Signature:					
INCIDENT COMMANDER RECOMMENDATION FOR ACCESS BASED ON SAFETY CONDITIONS							
RECOMMENDATION	□Ар	prove \square Deny	NAME		S	IGNATURE	
ESCORT REQUIRED		Yes No	ESCORT NAME	/CONTACT			
ON BEHALF OF [LOCAL AUTHORITY/FIRST NATION], TEMPORARY ACCESS AUTHORIZED BY							
POSITION		NAME			SIGNATURI		

SAFETY BRIEFING PROVIDED TO PERMIT HOLDER(S) AT TIME OF ISSUANCE?