

Ride Along Program Release and Waiver Agreement

I, _____, in consideration of the City of Rochester Fire Department allowing me to participate in a Ride Along Program, which entitles me to be present in Rochester Fire Department vehicles during the actual working hours of Fire Department personnel while responding to emergency scenes, and to be present in the fire station and observe the activities of the Fire Department, do hereby agree as follows:

1. I acknowledge and understand that by participating in this, I am exposing myself to all inherent risks normally associated with firefighting and rescue activities that cannot be eliminated even by the exercise of reasonable care by all concerned, and I hereby release, discharge, and covenant not to sue the City of Rochester, its officials, employees, and volunteers, officers, and agents, all for the purposes herein referred to as “Releasees” FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next-of-kin, for any and all claims, demands, losses, or damages on account of any injury, including, but not limited to death or damage to property, caused or alleged to be caused in whole or in part by or arising out of my participation in the ride along program.

I further understand that these risks and dangers may be caused by my own actions, or inactions, the actions, or inactions of those participating in Fire Department operations, or citizens, or the negligence of the “Releasees” named above.

I fully understand and agree that there may be other risks not known to me or that are not readily foreseeable at this time, and that the social and economic losses and/or damages that could result from these risks could be severe and could permanently change my future.

I realize that by virtue of this provision, I am waiving specific rights of recovery for injuries or damages which I may suffer and other rights which may have knowingly done so by execution of this release and waiver.

2. If, despite, this release, waiver, and assumption of risk agreement, I or anyone on my behalf makes a claim against any of the “Releasees,” I agree to indemnify and save and hold harmless the “Releasees” and each of them from any litigation expenses, attorneys’ fees, loss, expert witness fees, costs of defense, liability, damage, or expenses that may incur due to the claim made against any of the “Releasees,” whether the claim is based on the sole negligence of the “Releasees” or otherwise.
3. I sign this agreement on my own behalf and on behalf of my personal representatives, assigns, heirs, and next-of-kin.
4. I understand that while participating in this program, I will be assigned to one or more Fire Department officers and agree that I will, follow the instructions and obey commands issued by those fire officers or by superior officers.
5. I further understand that I am responsible for conducting myself in the following manner:
 - a. I shall arrive at the agreed upon time and place.
 - b. I shall be clean and appropriately dressed:

- i. Full length dark pants or jeans without tears.
 - ii. Sturdy and supportive close-toed shoes or boots with less than one inch heel.
 - iii. Shirts with sleeves
 - iv. No printing on clothing other than brand, Fire Department, or school (no inappropriate graphics, slogans, etc., including inappropriate branding/logos)
 - v. A safety vest will be issued which must be always worn.
- c. I shall not carry or possess weapons of any kind.
 - d. When on an emergency call, I am strictly an observer. I may not speak to a patient or participate in their care in any way. I will not speak to bystanders.
 - e. No cameras or recording devices are allowed. (Items other than weapons can be stored at the station.) Cell phones are allowed on my person, but no audio or visual recording or any other use is allowed while on a call.
 - f. Patient confidentiality must be maintained. Any information regarding a patient is strictly confidential and must not be discussed with anyone after the ride along experience.
 - g. When riding in any apparatus, I must wear the vehicle seat belt.
 - h. I will not use tobacco while riding or anywhere on the grounds inside/outside the station.
6. I understand that this ride along opportunity may be terminated at any time by the supervising officer of the Fire Department.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND UNDERSTAND BY SIGNING IT, I GIVE UP SUBSTANTIAL RIGHTS I MIGHT OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT OR MY PARTICIPATION IN THE ROCHESTER FIRE DEPARTMENT RIDE ALONG PROGRAM, AND I HAVE READ AND UNDERSTAND IT, IN ITS ENTIRETY, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Rider Information

Name (Please Print) _____

Signature _____

Parent/Guardian _____
If Participant Is 16-18 Years of Age)

Reason for Ride _____

Address _____

DL or ID # _____ Specify type of ID, if any _____

Phone _____ Date of Ride Requested _____

Emergency Contact

Name _____

Phone _____

Relationship _____

Fire Administration
Station & Engine _____ Supervising Officer _____