



# FULLERTON FIRE DEPARTMENT RIDE-ALONG PROGRAM

APPLICATION/WAIVER, RELEASE, HOLD HARMLESS & AGREEMENT NOT TO SUE

Aug-17

I, \_\_\_\_\_, age \_\_\_\_\_, voluntarily request permission to participate in the Fullerton Fire Department's Ride-Along Program ("Ride-Along"). I understand that my participation may involve riding in a Fire Department vehicle and being in close proximity to emergency activities. I understand that I must be in good health to participate in a Ride-Along. I further understand that serious accidents may occur during a Ride-Along, including during transportation, and that participants may be exposed to personal injury, property damage, or death. I hereby agree for myself, my heirs, administrators, executors, and assigns, to assume those risks and release, discharge, and agree not to sue the City of Fullerton, the Fullerton Fire Department, and/or any of its officials or employees ("Fullerton") for any personal injury, property damage, or death arising out of, or in connection with, my participation in a Ride-Along from whatever cause, including the negligence of Fullerton or any other participants in the Ride-Along.

In consideration for being allowed to participate in a Ride-Along, I hereby agree for myself, my heirs, administrators, executors, and assigns, that I shall indemnify, defend, and hold harmless Fullerton from any and all claims, demands, actions, or suits, arising out of, or in connection with, my participation in a Ride-Along.

I also agree not to interfere with any Fire Department employee in the performance of his/her duties and to follow any instructions given to me by Fire employees during a Ride-Along. I understand that failure to do so may result in the immediate termination of my participation. I understand that I shall not take photos or record video while participating in the Ride-Along Program.

I authorize Fullerton to administer emergency treatment to me in the event of injury, accident, or illness during my participation. I understand that I may be responsible for costs of treatment.

**I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE POTENTIAL DANGERS IN PARTICIPATING IN A RIDE-ALONG. I AM AWARE THAT THIS DOCUMENT IS A FULL RELEASE OF ALL LIABILITY AND AM SIGNING IT ON MY OWN FREE WILL.**

X

SIGNATURE OF APPLICANT

DATE

APPLICANT DATE OF BIRTH

APPLICANT DRIVER'S LICENSE #

APPLICANT ADDRESS

CITY

APPLICANT EMAIL ADDRESS

APPLICANT PHONE #

## DECLARATION IF PARTICIPANT IS A MINOR:

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California that I am the parent or legal guardian of the participant named above and that I shall indemnify, defend and hold harmless Fullerton as set forth above and sign this document on behalf of myself and the participant.

X

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

PARENT OR LEGAL GUARDIAN ADDRESS

CITY

PARENT OR LEGAL GUARDIAN EMAIL ADDRESS

PARENT OR LEGAL GUARDIAN PHONE #

## BELOW IS FOR DEPARTMENT USE ONLY

STATION ASSIGNED TO

DATE /SHIFT SCHEDULED FOR

CAPTAIN

START TIME - END TIME

AUTHORIZED BY

(BATTALION CHIEF OR OPERATIONS CHIEF)

DATE