WAIVER FOR RIDE-A-LONG

I understand that I will be observing firefighters in their daily routine, and that I am not expected to, and shall not, perform tasks related to fire department business, except for those incidental to my physical presence at fire department scenes. I understand that I am not an employee of the fire department, and will not receive any compensation from my presence as an observer. I understand that what I see and hear is considered confidential, and is not to be publicized or disseminated outside the district. While accompanying fire department members, I will behave in such a way as not to jeopardize myself or others, nor to embarrass or discredit the fire district.

I understand that the department employees will make every reasonable attempt to ensure I am not brought to harm's way, and I will at all times follow the safety instructions that district employees may give me. Should I suffer harm, or feel myself to be in danger, I will immediately bring the situation to the attention of the officer in charge or to the immediately present employee.

Nevertheless, unexpected situations may conceivably arise that could result in my death, disability, or injury. These situations may include, but are not limited to, inclement weather, vehicle crashes, exposure to biological diseases and toxins, exposure to other hazardous materials, physical violence, falls, fires and explosions, sights, sounds, and other sensations that may be mentally, emotionally, and/or physically stressful or disturbing.

I take full responsibility for myself and my actions and for the consequences to myself and my well-being of any untoward situation that may occur during my time as an observer. I release the Rincon Valley Fire Department, and its Directors, Officers, Managers, Employees, their Agents and Spouses from and all financial and any all liability for any injury or disability I may suffer as a result of accompanying district personnel in the performance of their duties.

Observer:_____ _____ _____
Print Name Signature Date

Officer: _____ _____ _____
Print Name Signature Date