



NORTH METRO FIRE RESCUE DISTRICT RIDE-ALONG PROGRAM

Name _____ Date of Birth _____

Address _____

Home Phone _____ Business Phone _____

Reason for Requesting Ride _____

Check One:

One-Time Request. Station/Apparatus requested _____

Officer/Employee requesting to ride with _____ Shift: _____

Requested duration of Ride-Along: _____ am / pm TO _____ am / pm

Continuing Ride-Along Activities. I intend and concur that this Agreement shall apply to all instances where I engage in ride-along activities with the North Metro Fire Rescue District.

RELEASE OF LIABILITY: In consideration for being permitted to ride in a District apparatus or vehicle and to accompany District personnel on emergency responses or other District matters, I individually and on behalf of my family members, heirs and assigns, hereby release, waive, and discharge the District and its officers, directors, agents, employees, and representatives from any and all liability, causes of action under any theory of law, claims and demands, damages, costs, expenses, and compensation, arising from or relating to any injury or damages to person or property incurred as a result of riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters.

NOTICE OF INHERENTLY DANGEROUS ACTIVITY: Riding in a District apparatus or vehicle and/or accompanying District personnel during an emergency response or other District matters is inherently dangerous and may result in severe permanent injury or death and can result in exposure to hazardous situations including, but not limited to, forms of physical violence, explosions, hazardous materials exposure, falls, dog bites, motor vehicle accidents, and infectious diseases.

ASSUMPTION OF RISK: I, individually and on behalf of my family members, heirs or assigns, having read and thoroughly understood the above NOTICE OF INHERENTLY DANGEROUS ACTIVITY, acknowledge that riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters is inherently dangerous, can result in severe permanent injury or death and can cause exposure to hazardous situations including, but not limited to, forms of physical violence, explosions, hazardous materials exposure, falls, dog bites, motor vehicle accidents, and infectious diseases. I hereby knowingly assume any and all risks associated with or arising from riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters.

I understand that the District's insurance does not provide coverage for any aspect of my riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters. I expressly assume all responsibility for securing appropriate insurance coverage.

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PATIENT CONFIDENTIALITY: I understand that while riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters I may receive, come in contact with, observe, hear, or otherwise learn the confidential and protected health information of one or more individuals. I understand that I am prohibited from disclosing an individual's protected health information which is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191 and the Privacy Rule promulgated by the U.S. Department of Health and Human Services, 45 C.F.R 160 and 164. I have received a copy of the North Metro Rescue District's HIPAA Privacy Policy and agree to adhere to the provisions. I understand that if I have any questions I should ask the District personnel I accompany who have received training on the requirements of HIPAA and the Privacy Rule.

INDEMNIFICATION: In consideration for being permitted to ride in a District apparatus or vehicle and/or accompany District personnel on emergency responses or other District matters, I agree to indemnify, defend, and hold harmless the District and its officers, directors, agents, employees and representatives from and against any loss, liability, damage, claim, cost or expense (including reasonable attorneys' fees, costs and expenses) of any kind or nature whatsoever resulting from riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters. I agree that the District shall have sole discretion in selecting legal counsel even though I am solely responsible for the payment of the defense costs.

GOVERNMENTAL IMMUNITY: This Release is not intended to, and does not in any manner, limit the privileges and protections afforded the District and its officers, directors, employees, agents, and representatives under the Colorado Governmental Immunity Act, §24-10-101, C.R.S. et seq.

ADDITIONAL TERMS: Colorado law governs this Agreement. This Agreement is the entire agreement between the District and I and there are no oral or collateral agreements or understandings. This Agreement may only be amended by a document signed by the District and I. If any provision is held invalid or unenforceable all other provisions shall continue in full force and effect. Waiver of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent breach of this Agreement. This Agreement shall ensure to the benefit of, and be binding upon, the District and me and our legal representatives, successors, and permitted assigns. This Agreement is not intended to, and shall not; confer rights on any person or entity not named as a party to this Agreement. In any dispute arising from or relating to this Agreement, the prevailing party shall be awarded its/his/her reasonable attorneys' fees, costs and expenses, including any attorneys' fees, costs, and expenses incurred in collecting upon any judgment, order, or award. This Agreement may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.

CLOTHING: Appropriate attire must be worn. Acceptable attire is dark navy pants, dark navy shirt, black socks, and black shoes. Pants shall be Dockers, Medic Pants, or something of the like. Shirts shall be Polo type without a logo of any kind. All clothing must be clean and in good condition. The company officer may cancel permission based on the appearance, attitude, or conduct of the guest rider.

IF APPLICANT IS UNDER 18 YEARS OF AGE PROOF OF EMANCIPATION OR SIGNATURE OF GUARDIAN IS REQUIRED. All safety rules of the North Metro Fire Rescue District ("District") must be followed. Failure to comply with the District's safety rules will be cause for termination of the ride; may eliminate applicant from future consideration to ride in a District apparatus or vehicle or to accompany District personnel on emergency responses or other District matters.

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I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND UNDERSTAND THIS DOCUMENT. BY SIGNING MY NAME BELOW, I HEREBY VOLUNTARILY ACCEPT THE TERMS OF THIS AGREEMENT.

Dated this _____ day of _____, 20_____.

Signature Occupation

Street Address City State Zip

Phone Number Alternate Number Date of Birth

Type of Photo ID:

- Driver's License Number: _____ State of issuance: _____
- Colorado I.D. Number: _____ Student I.D. Number: _____
- Other form of identification (birth certificate, passport, etc.): _____

Indicate three (3) possible ride-along dates with number one being your first choice:

- 1. _____
- 2. _____
- 3. _____

TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

I, Parent/Guardian of _____, have read the above agreement and hereby consent for my child to participate in North Metro Fire Rescue District's Ride-Along Program. I hereby release, waive, and discharge the District and its officers, directors, agents, employees, and representatives from any and all liability, causes of action under any theory of law, claims and demands, damages, costs, expenses, and compensation, arising from or relating to any injury or damages to person or property incurred as a result of my child riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters. I hereby knowingly assume any and all risks associated with or arising from allowing my child to ride in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters. I understand that the District's insurance does not provide coverage for any aspect of my child riding in a District apparatus or vehicle and/or accompanying District personnel on emergency responses or other District matters. I expressly assume all responsibility for securing appropriate insurance coverage for my child.

Parent/Guardian Signature Date

State of _____, County of _____ ss.

On this the ____ day of _____, 20_____, before me personally appeared

_____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Notary Public

My commission expires _____, 20_____

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TO BE COMPLETED BY FIRE DISTRICT PERSONNEL ONLY

Name of Ride-Along participant: _____

Date of requested Ride-Along: _____

Duration (hrs) of Ride-Along: _____

* Normal duration for the Ride-Along Program is 12 hours (0700-2200). Hours may be reduced at the discretion of the Battalion Chief.

** Special requests must be approved by the Battalion Chief prior to applicant ride date

Officer Assigned to: _____ Station: _____ Shift: _____

Scheduled by: _____ Date: _____

Permission is valid from the hours of _____ to _____.

Approved by Battalion Chief

Comments: _____

**** Please return to the signed form to the above named Scheduler ****

Entered on Master Calendar by: _____ Date: _____