



City of Durham
Fire Department
 2008 East Club Boulevard
 Durham, NC 27704



Ride Along Program
Assumption of Risk of Injury or Damage — Waiver & Release of Claims

<i>Print Full Name</i>		<i>Date of Birth</i>	
<i>Street Address</i>		<i>City, State</i>	<i>Zip</i>
<i>Parent DL #(If Applicable)</i>		<i>Telephone</i>	
<i>State</i>	<i>Emergency Contact Name</i>		<i>Emergency Contact Phone</i>
<i>Participant or Parent/Guardian</i>			

In order to be allowed to participate in the Fire Ride-Along Program by the City of Durham Fire Department, I assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am participating in the Program. This includes, but is not limited to, injuries, death, damages, or losses arising from the acts or omissions of the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents or the acts or omissions of a third party, while I am participating in the Program or while I am on property owned, leased or otherwise utilized by the City of Durham in preparation for, or in conclusion of, my participation in the Program. I release, forever discharge and covenant not to sue the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents from any and all liabilities arising out of or related in any way to my participation in the Ride-Along Program, and I agree to defend, indemnify and save harmless the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents from any and all liabilities therefore.

As further consideration for being allowed to participate in the Ride-Along Program, I agree to defend, indemnify and hold and save harmless the City of Durham, its employees, appointed or elected officials, representatives, contractors or agents for any and all personal injury or death and property damage or loss to others for which my actions were a proximate cause while I am participating in the Program. I knowingly assume all responsibility and liability for my own actions while I am participating in the Ride-Along Program.

I further understand that permission to participate in the Ride-Along Program may be revoked at any time by decision of the officer operating the fire vehicle or by any other supervisory or command officer.

Signature of Adult Participant or Parent/Guardian

Date

DEPARTMENTAL USE ONLY

Unit: _____ Captain: _____

Captain: _____ Battalion Chief: _____

Assistant Chief Operations: _____

Date/ Time Start _____ Date/Time End _____