



**BERKELEY FIRE DEPARTMENT
RELEASE, WAIVER AND INDEMNIFICATION**

Send or Fax to: Kevin Boone, Ride Along Coord.
Berkeley Fire Dept., Station 4, 1900 Marin Avenue,
Berkeley, CA 94707, FAX: 510.981.5542

1. I request to be considered to ride along with the Berkeley Fire Department for the purpose of observing fire department operations. I am aware that participation as an observer may require riding in City owned and operated vehicles, crossing streets, standing near automobile traffic and walking on uneven surfaces, as well as my close proximity to firefighting equipment and related emergency activities and exposure to bodily fluids of those requiring emergency assistance. I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept any and all risks of personal injury.

2. I, _____, on behalf of myself and my successors and
(Print Name)
assigns, in consideration of being permitted to observe the operations and facilities of the City of Berkeley Fire Department, do hereby agree to release, indemnify and hold harmless the City of Berkeley, its officers, agents, volunteers and employees from any and all liability, loss, claims, and demands, actions or causes of action for any injury or injuries of any nature that **I may sustain or incur** arising out of any act, occurrence, accident, or condition during the period I am so observing operations and facilities of the City of Berkeley Fire Department.

3. In addition, I, _____ on behalf of myself and my
(Print Name)
successors and assigns, in consideration of being permitted to observe the operations and facilities of the City of Berkeley Fire Department, further agree to indemnify, defend and hold harmless the City of Berkeley, its officers, agents, volunteers and employees from any and all liability, loss, claims, and demands, actions or causes of action for the death or injury to any persons and for any property damage **sustained or incurred by any person** which arises or may arise or be occasioned in any way from any act, occurrence, accident, or condition caused by me during the period I am so observing operations and facilities of the City of Berkeley Fire Department.

4. I acknowledge that I am eligible to ride along no more than ten (10) hours per day from 8:00 am to 6:00 pm, and that I am limited to two (2) ride alongs per calendar year. I further understand and acknowledge that I will be observing only and will not participate in any incident. I will come dressed as follows: in dark pants, (NO JEANS), with white / navy shirt and enclosed shoes. By signing this agreement, I agree to follow all of the provisions of the Berkeley Fire Department Ride Along Procedures, General Order No. 14.5.

5. I agree to follow any and all instructions, orders or commands given to me by the crew(s) I am allowed to ride with. I acknowledge that there is a potential for me to be removed from the company that I am assigned to in the event of safety considerations, at any time during the ride along whether on an emergency call or not.

6. I authorize the City to seek emergency medical treatment in case of injury, accident or illness. I understand that I will be responsible for medical costs incurred by such injury, accident or illness.



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7. If the applicant is a minor, I, _____ (**parent or legal guardian**) agree to release, defend, indemnify and hold harmless the City of Berkeley as indicated above on behalf of the minor applicant. I further authorize the City to seek emergency medical treatment for the applicant in case of injury, accident or illness. I understand that I will be responsible for medical costs incurred by such accident, illness or injury. I understand that I am fully responsible for all transportation of the above minor to and from the ride along. The Berkeley Fire Department will not accept any responsibility for the care, safety or obligation outside of the assigned ride along time period including travel to and from the ride along. I agree to provide all necessary transportation for the above minor, including any unplanned removal from the assigned fire company for whatever reason. I understand that this could include picking up the above minor from locations other than a fire station if necessary.

8. **I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.**

Applicant's Signature _____ Date _____

If participant is under 18 years of age, parent or guardian must read and sign the following: This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Signature of Parent/Guardian _____ Date _____

Applicant's Name _____ Phone _____
(Print Full Name)

Applicant's Address _____
Street City Zip Code

Emergency Contact _____ Phone _____

Alternate Phone _____

Officer / Supervisor Processing Waiver: _____ Date: _____

Requested Company Assignment: _____ Shift: _____

Requested date or day for ride along: _____ Duration: _____

<small>For EMS Division Only</small>	
<input type="checkbox"/> Hepatitis B Vaccination Verification	<input type="checkbox"/> EMAIL Sent
<input type="checkbox"/> Waiver Form Completed	<input type="checkbox"/> ROLLCALL NOTES Entered
Assigned date of ride along: _____	Duration: _____ Shift: _____
<input type="checkbox"/> Database Inclusion : Unit# _____	Personnel _____
Approved: _____	Date: _____
<small>EMS Division Chief</small>	