



Honesty ♦ Respect ♦ Integrity

**Ride-A-Long Application
Release and Waiver**

Applicant's Name: _____ Date/Time/Shift of Ride: _____
 I hereby request permission to participate in the Sonoma County Fire District Ride-Along Program for the purpose of: _____
 _____. I certify that I am at least 16 years of age. (If under 18, parent/guardian must sign release and waiver, and accept the terms and conditions of this release and waiver.)

I understand that I am placing myself in a position of danger, and in consideration of that fact that I am permitted to participate in a career development and training opportunity, I agree to assume that risk.

In consideration of the fact I am permitted to participate in the opportunity, I therefore release Sonoma County Fire District, its officers, agents, and employees from and against any and all claims asserted or liability established for damages or injuries which occur during my visit, which arise from or are connected with or are caused the acts or omissions of the Sonoma County Fire District, its officers, agents, or employees.

I understand that my presence during emergency incidents may result in my being subpoenaed to testify in court regarding any incident to which I am a witness. I agree to comply strictly with any instructions given me by SCFD personnel. I further agree that approval for my ride-along may be terminated at any time.

I understand that I may become aware of private health information during the course of my ride along experience. I understand that under federal regulations I am not allowed to discuss this information with anyone except as necessary to provide information for medical treatment to a patient or as otherwise authorized by the Fire District. I further understand that a violation of these regulations could result in criminal or civil penalties against me personally and/or against the Fire District. Additionally, I understand that violation of these regulations will result in the termination of participation in Fire District ride-along programs.

I hereby declare this release to be binding not only upon myself, but upon my heirs, executors, administrators, and assigns.

Personal:		
Ride-a-long Name _____	Applicant/Guardian Signature _____	Date _____
Address _____		Phone _____

Other Agency Related:		
Applicant's Agency _____		
Agency Representative/Title _____	Representative Signature _____	Phone _____

Sonoma County Fire District Approval:	
On Duty Officer _____	Date _____
Chief Officer _____	Date _____