

**Weatherford Fire Department
Ride-Along Waiver of Liability**

**STATE OF TEXAS §
COUNTY OF PARKER §**

I, _____, attest that I am legally competent and over the age of 18 years old, and hereby request to participate in a ride-along program with the Weatherford Fire Department. I understand that I will be riding with fire department officers and personnel in marked vehicles as they answer calls for service, respond to emergencies, provide emergency medical services ("EMS") and undertake other fire department activities (the "Ride-Along Program"). While riding with the Weatherford Fire Department, I understand that I will be under the direction and supervision of the Fire Department personnel and agree to obey any and all directions given by the Fire Department officers and personnel.

I understand that I will be subjected to a criminal history and warrant check before I may participate in the Ride-Along Program. I understand that my signature below authorizes the City of Weatherford to conduct criminal history and warrant checks on me. I further understand that my participation in the Ride-Along Program is voluntary and contingent upon the approval of my participation by the City which may be refused or, once granted, withdrawn at any time for any reason.

I understand and request participation the Ride-Along Program with the full knowledge and understanding of the inherent dangers of fire and EMS work in general and vehicle operation, including but not limited to exposure to hazardous environments and chemicals; motor vehicle accidents; answering calls for assistance from citizens; and the possibility of physical danger, harm, accidents, and injuries, including death, and do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects me in any manner whatsoever.

I HEREBY AGREE TO ASSUME ANY AND ALL RISKS ATTENDANT TO SUCH ACTIVITIES IN PARTICIPATING IN THE RIDE-ALONG PROGRAM WHETHER OCCURRING ON PUBLIC OR PRIVATE PROPERTY, WHICH MIGHT AFFECT ME IN ANY MANNER WHATSOEVER, AND HEREBY RELEASE AND AGREE TO HOLD HARMLESS THE CITY OF WEATHERFORD, ITS FIRE DEPARTMENT, OFFICERS, AGENTS, AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY DANGER, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION I MAY HAVE WHICH MAY ARISE IN ANY MANNER WHATSOEVER FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM, INCLUDING DAMAGES, PERSONAL INJURY, LIABILITY, CLAIMS, SUITS, DEMANDS OR CAUSES OF ACTION WHICH ARISE FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE CITY OF WEATHERFORD, ITS FIRE DEPARTMENT, OFFICERS, AGENTS, OR EMPLOYEES.

I further consent to the taking of photographs, videotape or other visual reproductions of any participation in the Ride-Along Program, and to the use of such visual reproductions in any media format, publication or promotion related to the Ride-Along Program.

I understand that no medical insurance or coverage is provided by the City of Weatherford. I authorize Weatherford Fire Department personnel to seek emergency medical treatment on my behalf if necessary, with the understanding that I will be responsible for all costs incurred.

I agree to maintain the confidentiality of all sensitive information and patient information observed during the ride-along, in accordance with applicable laws including HIPAA.

I will follow all directions from Weatherford Fire Department personnel, wear any required safety gear, and not interfere with operations. I understand that my participation may be terminated at any time at the discretion of the Fire Department.

I agree that execution of this release shall not constitute a waiver by the City of Weatherford, its officers, agents, or employees of the defense of governmental immunity, where applicable, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this release and waiver voluntarily, and that I have not relied upon any representations made by the City of Weatherford, its Fire Department, or its officers, agents, or employees in signing this release.

SIGNATURE: _____

DATE: _____

ACKNOWLEDGEMENT

Before me _____ on this day personally appeared _____ known to me or proved to me on the oath of _____ or through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

Notary Public in and for the State of Texas

Type or Print Notary's Name

My Commission Expires:
