



Davis Fire Department
Firefighter Observer Ride-Along Program
Liability Waiver
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LIABILITY WAIVER

The intent of the Davis Fire Department (DFD) Ride-Along Program is to provide an opportunity for individuals, 18 years of age and older, to accompany DFD personnel and observe them in the performance of their duties.

DFD is considering the following date(s) to permit me to ride-along with DFD personnel:

I, _____, agree to the following:

In consideration for the privileges of accompanying a crew, I and my heirs, executors, successors and assigns do hereby forever hold harmless, release and discharge the DFD, its officers, agents and employees, from any and all claims, present and future, known or unknown, in any manner arising out of my participation in the Ride-Along Program. I specifically waive any and all claims I and my heirs, executors, successors and assigns have, or may have in the future, under California and/or Federal laws and statutes, including legal rights to recover against the DFD, its officers, agents and employees, for any injuries to my person and property, including my death.

I agree to comply fully with any directives, orders, or requests from DFD personnel during the Ride-Along Program. I have completed the Ride-Along HIPAA Training Self-Study Presentation and the HIPAA Training Post Test.

I agree to observe strictly the confidentiality of DFD information, including personal patient information and medical records. Any breach of confidentiality will result in the termination of my Program privileges and may result in legal actions being taken against me by DFD and/or its patients.

I understand that riding along with and observing DFD personnel perform their duties comes with many serious health risks, such as exposure to hazardous materials, infectious diseases, emotionally traumatic situations, fires, explosions and other dangers. I accept and assume these risks.

I agree to conduct myself in such a way so as not to impede the functions of the crew as they perform routine or emergency duties.

I am 18 years of age or older, and I have read and I understand this release and liability waiver, and I agree to all of its terms. I have executed it voluntarily and with full knowledge that it takes away my legal rights to file claims for compensation for any injuries or losses I may suffer as a result of the Ride-Along Program with DFD personnel.

Printed Name: _____
Requester

Signature: _____ Date: _____
Requester

Printed Name: _____ accepts this waiver on behalf of DFD
Chief Officer or Designee

Signature: _____ Date: _____
Chief Officer or Designee