

**ARMADA TOWNSHIP FIRE DEPARTMENT  
FIRE RESCUE & EMS  
RIDEALONG WAIVER and RELEASE**

The undersigned applicant has requested the Armada Township Fire Department, Fire Rescue & EMS to allow him / her to ride in an EMS / Fire Apparatus at a specified time with a Firefighter/ Paramedic/ EMT for the purpose of (***Observing***) Fire Rescue & EMS activities.

The undersigned applicant understands that riding in an Emergency vehicle is an inherently dangerous activity likely to suddenly place the rider in circumstances beyond the control of the Fire Department. The applicant agrees to assume the risks and dangers attendant to such activity, including but not limited to: damage to property and/or personal injury as a result of motor vehicle accidents or motor vehicle collisions on either public streets or private property; damage property and/or personal injury as a result of altercations assaults, or any other daily Fire and EMS activity; damage to property and/or personal injury resulting from acts of the third party whether caused by errors, omissions, or negligent acts of the third parties to myself; damage to property and/or personal injury resulting from the applicants own activities, errors, omissions, or negligent acts: property damage and/or personal injury to others resulting from the applicant's own activities, errors, or negligent acts.

Accordingly, the applicant, on behalf of himself / herself and his / her heirs, assigns or personal representatives, hereby agrees to waive and release all claims he / she may have for property damage, and any physical and/or psychological injuries, including death, sustained while participating as an observer riding along with the Armada Township Fire Department. This waiver shall be for the benefit of the Firefighter/ Paramedic/ EMT on duty, the Armada Township fire Department, the Township of Armada and any of its other employees or agents. The following individual, \_\_\_\_\_ by his / her signature hereto, does request permission and authorization to ride as (***Guest/ Observer***) with the Armada Township Fire Department.

Signed, this the \_\_\_\_ day of \_\_\_\_\_ 201\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness: Name \_\_\_\_\_ Signature: \_\_\_\_\_

Witness' Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency Contact Name/#: \_\_\_\_\_

Fire Chief Approval: \_\_\_\_\_