



# KENNEWICK FIRE DEPARTMENT

## RIDE-ALONG LIABILITY / RELEASE FORM

### Attachment 300.7.B

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I, \_\_\_\_\_, request the Kennewick Fire Department allow me to participate in its voluntary ride-along program. This program will enable me to accompany members of the Kennewick Fire Department during the performance of their official duties.

No payment has been requested, given, or will be given to the Kennewick Fire Department or its agents should permission be granted. I acknowledge that any permission granted to me creates no employment or agency relationship, and may be revoked at any time for any reason without prior notice. I understand that this activity may involve uncertainty, unpredictability, and the risk of serious injury and/or death. I further understand that my participation in this activity is only made possible by my willingness to assume the risks which may be involved. Should permission be granted, I will be riding totally at my own risk and I am willing to assume all risks involved, including the risk of serious injury and/or death.

I have been advised via this document that the City of Kennewick does not provide Uninsured, Underinsured, Med Pay or Personal Injury Protection insurance coverage.

#### **PARTICIPANT WAIVER OF LEGAL LIABILITY**

BASED UPON THE INFORMATION ABOVE, and in consideration for granting my voluntary request to ride as a passenger in a vehicle owned by the Kennewick Fire Department and being fully aware of the risks involved, I hereby release and hold harmless the City of Kennewick and its officials, employees, volunteers and agents and agree to waive any right of recovery that I may have to bring a claim or lawsuit against the City of Kennewick for any property damage, bodily injury, death or other harmful consequences occurring to me in any way arising out of my voluntary participation in the activity.

I authorize any necessary emergency medical treatment that might be required for me in the event of my physical injury and/or accident to me while participating in this activity.

YES  NO  (Initial) \_\_\_\_\_

I am at least 18 years of age or enrolled in a program that is approved by the Fire Chief. I have read the foregoing carefully prior to signing it and I voluntarily agree to all the terms and conditions of this agreement.

Participant Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_

Date: \_\_\_\_\_

(City of Kennewick Personnel Only)

***If passenger is under 18:***

**PARENT/LEGAL GUARDIAN WAIVER OF LEGAL LIABILITY**

**AND INDEMNITY**

I/We, \_\_\_\_\_, and \_\_\_\_\_ (if applicable), am/are the parent(s) or legal guardian(s) of participant, \_\_\_\_\_ (print full name of child), and agree to the following:

I/We am/are aware of and expressly assume all of the various risks of serious injury and/or death associated with the participant’s participation in all phases of this activity.

Initial \_\_\_\_

Initial \_\_\_\_

In consideration for granting this voluntary request to ride, and being fully aware of all of the risks, I/We hereby release the City of Kennewick and its officials, employees, volunteers and agents, and agree to waive any right of recovery that I/We may have, including the right to bring a legal claim, cause of action, or lawsuit for any bodily injury, death or other harmful consequences in any way arising out of the participant’s participation in the activity. I/We understand that this release extends to all claims for ordinary negligence of any kind and every nature, known, unknown, suspected or unsuspected, in any way arising out of or related to participation in the activity. I/We have been advised via this document that the City of Kennewick does not provide Uninsured, Underinsured, Med Pay or Personal Injury Protection insurance coverage.

Initial \_\_\_\_

Initial \_\_\_\_

I/We authorize any necessary emergency medical treatment that might be required for this child in the event of physical injury and/or accident to this child while participating in this activity. YES  NO  (Initial)\_\_\_\_\_

**I/WE HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND IT:**

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_