



# Spokane County Fire District 9

## Waiver of Liability

### Ride-Along Observer Program

I, \_\_\_\_\_ (print full name) hereby request to participate as a "ride-along" observer with Spokane County Fire Protection District 9 and am a minimum of 16 years of age.

I am being sponsored by \_\_\_\_\_ (school/agency) for all intents and purposes, and am fully covered by their insurance, and/or personal coverage.

I agree to strictly and immediately follow all directives from the officer I am assigned to, who will determine my level of participation during routine activities. During emergency response and during any planned contact with the public, I will be an observer only and will wear an orange "observer" vest.

I understand that in connection with my participation I may be exposed to situations which are extremely graphic in nature, both visually and verbally, and which are potentially dangerous.

I hereby release, discharge and agree hold harmless, for myself, my executors, administrators, heirs and assigns, Spokane County Fire Protection District No. 9, its employees and agents, from any and all liability for any loss, damage or injury to my person or property resulting from, arising out of, or occurring in connection with my participation in this program. This release shall not apply to any act or omission which constitutes either gross negligence or willful or wanton misconduct.

In case of serious injury I will be transported and treated by emergency personnel, and my "emergency contact(s)" will be notified. For minor injury I will determine the level/nature of my treatment (or parent/guardian if under 18).

Signature of Student/Participant \_\_\_\_\_ Date \_\_\_\_\_

Print name (and age if under 18) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Requested date of Ride-Along \_\_\_\_\_

Signature of Authorizing Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Print name, title and phone number \_\_\_\_\_

In case of an emergency, please contact: \_\_\_\_\_ Phone \_\_\_\_\_

OR \_\_\_\_\_ Phone \_\_\_\_\_

**IF PARTICIPANT IS A MINOR, A PARENT/GUARDIAN SIGNATURE IS REQUIRED**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name and relation to participant \_\_\_\_\_

Comments \_\_\_\_\_

**APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature of SCFD9 Duty Chief