

**Ride-Along Program
Release and Waiver**

I, _____ for and in consideration of the City of Tallahassee allowing me to participate in a Tallahassee Fire Department Ride-Along Program which entitles me to be present in Tallahassee Fire Department vehicles during the actual working hours of Fire Department personnel while responding to emergency scenes and to be present in the fire station and observe the activities of the Fire Department, do hereby agree as follows:

1. I acknowledge and understand that by participating in this program, I am exposing myself to all risks normally associated with firefighting and rescue activity, and I expressly assume such risks.
2. I understand that while participating in this program, I will be assigned to one or more fire officers and agree that I will, at all times, follow the instructions and obey commands issued by those fire officers or by superior officers.
3. I further understand that I am responsible for conducting myself in the following manner:
 - a. I shall at all times be clean and appropriately dressed. Where questions arise pertaining to suitability of attire, the final decision will be made by the Battalion Chief or assigned unit officer.
 - b. I shall be issued an identification card to be worn in full view on the outside of my clothing.
 - c. I shall not carry or possess weapons of any kind while participating in the ride along program.
4. I recognize that there are particular risks associated with the Ride-Along Program and Fire Department activities and, in order to participate in this program, on my behalf and behalf of my heirs, executors, and assigns, I do hereby waive liability and release and forever discharge the City of Tallahassee and its agents, officers, and employees from all manner of actions or cause of action, suits, debts, claims, for damages or injuries whatsoever, in law or equity, which I might have against the City of Tallahassee, its agents, officers, employees, and assigns by reason of any cause or thing whatsoever. This release and waiver includes, but is not limited to, waiver of all claims, suits and causes of action based upon negligence or tortuous act or conduct by the City of Tallahassee, its agents, officers, or employees. I realize that by virtue of this provision, I am waiving specific rights of recovery for injuries or damages which I may suffer and other rights which I may have knowingly done so by execution of this release and waiver.
5. I have read SOP 126.00, either online or by provided copy.

Signature	Date	Parent or guardian if ride along is under 18
Witness	Date	

Ride-Along Program Application

1. Anyone participating in the Tallahassee Fire Department (TFD) Ride-Along Program will adhere to the guidelines of the program, as stated in SOP 126.00.
2. The Ride-Along Program release and waiver of liability must be executed prior to participation.
3. The Ride-Along participant agrees to a criminal background check by TFD.
4. Once completed, click the Submit Button on the upper right corner of this page. In addition, click the Print Button on the upper left corner of this page and sign both pages. Original forms need to be submitted either by person or by mail to Tallahassee Fire Department, 911 Easterwood Dr., Tallahassee, FL 32311, ATTN: RA Program Coordinator.
Please include a LEGIBLE copy of your driver's license (and that of your parent who signed the release if under 18) when submitting your forms.

Ride Along Information

(PLEASE PRINT LEGIBLY)

Name	<input type="text"/>	Race	<input type="text"/>	Sex	<input type="radio"/> M <input type="radio"/> F
Street Address	<input type="text"/>				
City, ST, Zip	<input type="text"/>				
Home Phone	<input type="text"/>	Business Phone	<input type="text"/>		
Cell Phone	<input type="text"/>	Email	<input type="text"/>		
DOB	<input type="text"/>	SSN	<input type="text"/>		
State/DL #	<input type="text"/>				

Signature

Date

Please check all that apply:

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Certified FF | <input type="checkbox"/> Certified EMT | <input type="checkbox"/> Certified Paramedic | <input type="checkbox"/> Vol. FF |
| <input type="checkbox"/> Work as paid FF/EMT or FF/Paramedic with | <input type="text"/> | | |
| <input type="checkbox"/> Interested in being a FF/ EMT or FF/Paramedic | <input type="checkbox"/> Interested in working for TFD | | |

TFD USE ONLY

<input type="checkbox"/> Criminal Check	by	<input type="text"/>	Date	<input type="text"/>
<input type="radio"/> Approved	Date Contacted	<input type="text"/>	Extension	<input type="text"/>
<input type="radio"/> Disapproved	Notes	<input type="text"/>		