



Smithfield Volunteer Fire Department, Inc.

RIDE-ALONG OBSERVER PROGRAM RELEASE

In consideration of my receiving permission from the Smithfield Volunteer Fire Department to enter upon the premises of any fire station or related entity, any other premises owned and/or operated and/or used by any fire station within Isle of Wight County, and in further consideration of receiving permission from said Fire Department to participate in a Ride-Along Observer Program, wherein I will be riding in, on, or upon Fire Department vehicles or using other apparatus, the undersigned hereby releases the Smithfield Volunteer Fire Department, and any and all agents, officers, servants, employees, attorneys, or other representatives of the foregoing from any and all liability, claims, demands, actions, and causes of actions, whatsoever, arising out of or related to any loss, property damage, physical injury, contagious disease, or death that may be sustained by me while, in, on, or upon any premises, vehicles or apparatus owned, occupied, or used by the foregoing, or which may be sustained by me while at the scene of any real or apparent emergency situation requiring a response of the Smithfield Volunteer Fire Department, or while commuting to and from the fire station(s) and other points.

I hereby certify that I am duly aware of the risk and hazards, including serious physical injury or death, inherent, upon participating in the Ride-Along Observer Program, which such risks and hazards may exist even in non-emergency situations, and being duly aware of such risks and hazards, I hereby elect, voluntarily, to participate in the Ride-Along Observer Program. I hereby assume all risks of loss, damage, and/or injury, including death, which may be sustained by me or by any of my property while participating in the Ride-Along Observer Program. This release shall be binding upon my relatives, spouse, heirs, distributes, next of kin, executors, administrators, and any other interested parties.

In signing this release, I hereby acknowledge and represent:

- (a) That I have read the rules and regulations outlined in Ride-Along Observer Program.**
- (b) That I have read this release, understand it, and sign it voluntarily;**
- (c) That I am over eighteen (18) years of age and that I am of sound mind and of sound physical health;**
- (d) That I am not an agent, servant, or employee of the Smithfield Volunteer Fire Department; and**
- (e) That any injuries or other damage suffered by me will not be compensable by Worker's Compensation or any other insurance program maintained by the Smithfield Volunteer Fire Department.**

I also agree to adhere to the following guidelines:

1. I will abide by any and all applicable rules and regulations of the Department.

2. I will not ride or attempt to ride or use or attempt to use, any Fire Department vehicle or apparatus until such time as a duly authorized officer has reviewed with me the procedures for riding or using same.

3. I also agree that I have no physical or mental handicaps that may affect me during my participation in this program or which may be aggravated by my participation in this program, except for the following:

Despite the Fire Department's knowledge of this disability or defect, I agree that their continuing grant of permission for me to participate in this program shall not subject them to any liability.

4. I also authorize and instruct the Smithfield Volunteer Fire Department or their authorized representatives to notify the following person in case of any accident in which I am involved while participating in this program or while I am commuting to and from the fire station(s) or other points.

Name Relationship

Address

Telephone

5. I have not been denied membership in the Smithfield Volunteer Fire Department or other emergency service organization within Isle of Wight County, Virginia for criminal record, background investigation, or medical reasons.

6. If I have been denied membership in another fire/rescue organization outside of Isle of Wight County, said reason(s) will be disclosed upon request to the Smithfield Volunteer Fire Department's authorized representative.

7. Should I be a bona fide member of a fire and/or rescue association or department, I will disclose the name of such organization:

Name of Organization:

Address

Telephone President/Chief Officer

8. Upon request, a medical waiver statement from a physician must be submitted to substantiate fitness to perform in a ride-along observer status on-the-scene of emergency operations. This release form shall become a permanent record of the Smithfield Volunteer Fire Department.

Expected "Ride-Along Observer" dates:

_____ to _____

At the end of this period, a new release form must be obtained.

Signature Printed Name of Participant

Address

Home Telephone

Work Telephone

Date of Birth

FOR OFFICIAL USE ONLY

Signature
(Operational or Administrative Officer of SVFD)

Print
(Operational or Administrative Officer of SVFD)

Date

Approved:

Date: _____

M. R. "Mickey" Stallings
Fire Chief
Smithfield Volunteer Fire Department