



Stanislaus Consolidated Fire Protection District  
3324 Topeka St.  
Riverbank, CA 95367  
(209) 869-7470  
Fax: (209) 869-7475

## Stanislaus Consolidated Fire Protection District RELEASE OF LIABILITY

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

I, \_\_\_\_\_, have requested permission from the Stanislaus Consolidated Fire Protection District to ride in District vehicles for the purpose of **observing only**, firefighters in the performance of their duties. I understand this is not to fulfill any EMT hours for class/school purposes and SCFPD will not complete any class/school forms.

As this application is made for my own benefit, I do hereby expressly waive and release any and all claims I may have, or that may occur to me, against the District or any of its elected officials, officers, employees or agents for any personal injuries or damages of any kind or nature sustained by me arising out of my activity in riding in the vehicles or in otherwise observing the activities of the Stanislaus Consolidated Fire Protection District.

- *I understand that I must be at least 16 years old.*
- *I understand that I am limited to one, eight-hour block, every 60 days.*
- *I understand that the following is acceptable attire: long pants, collared shirt, safety boots (if possible) or closed toe shoes and no hats.*
- *I understand that I must have never been convicted of a felony and that the District, prior to my ride-along date, will complete a limited criminal background check.*

I have read the forgoing waiver and release, and am fully aware of its guidelines and provision.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Rider: \_\_\_\_\_  
(Signature) (Address/City)

Home Phone #: \_\_\_\_\_ (Cell/Work/Msg) Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Driver Lic. # \_\_\_\_\_ State of Issue \_\_\_\_\_

Parent: \_\_\_\_\_  
(If under 18) (Name) (Address/City)

<b>PERSON TO CONTACT IN CASE OF EMERGENCY</b>		
_____	_____	_____
(Name)	(Address/City)	(Phone)
Relationship: _____		

List Dates wishing to Ride-A-Long (Please give three): \_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_

Station Preference (if any): \_\_\_\_\_ Personnel Preference (if any) \_\_\_\_\_

Form received by \_\_\_\_\_ (district employee) for submittal to Admin.

<b>DEPARTMENT USE ONLY:</b>	
Background approved: _____	Ride Along Date: _____
Approval Date: _____	Officer Assigned: _____
	Hours: _____ Station: _____