



Zion Crossroads Volunteer Fire Department Ride Along Program

WAIVER OF RIGHTS

THIS WAIVER OF RIGHTS MUST BE SIGNED BY ANY PERSON APPROVED TO RIDE AS AN OBSERVER - ALL OBSERVERS MUST BE APPROVED BY THE DUTY OFFICER OR OTHER LINE OFFICER

In consideration of being allowed to observe the activities and functions of the Zion Crossroads Volunteer Fire Department (the "Department"), such observation being entirely for the benefit of the undersigned and not for the Squad, the undersigned does hereby WAIVE any and all right of action against the Department, its officers, directors and/or members, for any injury or damage that (s)he might suffer while participating in the observation, including, but not limited to, property damage, injury, exposure to infectious or communicable disease, contracting an infectious or communicable disease, emotional distress or psychiatric disturbance or disease.

It is acknowledged by the undersigned that Department activities may be inherently dangerous because of the multiple hazards encountered by emergency service response. Such hazards include, but are not limited to, the risk of accident, injury from bystanders or traffic, exposure to communicable and/or infectious diseases, which diseases may or may not be known to responders, and which diseases may not be curable and may adversely affect the health of the undersigned or cause disablement or death to the undersigned. It is further understood that it is impossible for Department personnel to insure the complete safety of the undersigned.

The undersigned, being fully aware of the potential for injury or damage, nonetheless assumes the risk of injury and/or damage. This Waiver shall be binding upon my heirs, executors and assigns.

I HAVE FULLY READ THIS ENTIRE WAIVER, AND UNDERSTAND THAT BY SIGNING THIS WAIVER I AM WAIVING LEGAL RIGHTS AND THAT MY SIGNATURE HEREON HAS LEGAL SIGNIFICANCE. I HAVE NO QUESTIONS CONCERNING THE CONTENTS OF THIS WAIVER, AND UNDERSTAND THAT DEPARTMENT PERSONNEL ARE NOT AUTHORIZED TO VARY ITS TERMS.

Signed: _____

Date: _____

Authorized by: _____, Officer

Date: _____

To: Parent(s) of observer

I the parent of the above minor child, have read this entire Waiver and Assumption of the Risk, and for myself/ourselves and my/our said minor child who has signed the above, do hereby WAIVE any and all right of action against the Department, its officers, directors and/or members, for any injury or damage that (s)he might suffer while participating in the observation, including, but not limited to, property damage, injury, exposure to infectious or communicable disease, contracting an infectious or communicable disease, emotional distress or psychiatric disturbance or disease.

Parent

Date