



**Columbia Fire & Rescue**  
**City of Columbia**  
**Ride-A-Long Program**  
**Participant Waiver of Liability**



Station Number: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Responsible: \_\_\_\_\_

Participant Approved Time In: \_\_\_\_\_ Hrs. and Time Out: \_\_\_\_\_ Hrs.

In consideration of being permitted to ride in emergency response vehicles of the City of Columbia Fire & Rescue, I hereby release and agree to hold harmless the said City of Columbia, its employees, firefighters and agents from any and all liability for any damage, injury, or any cause whatsoever which I may receive while riding upon said emergency response vehicles or received accompanying City of Columbia firefighters. This release of liability and agreement given by me to the said City of Columbia, its employees, firefighters, and agents shall apply to my right of action that might accrue to myself, my heirs, and my personal representatives. Further, I agree to assume all risks in riding in said Columbia Fire & Rescue emergency response vehicles and in accompanying its firefighters and am fully aware personal danger may be involved.

**Participant's Contact Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

**To be completed ONLY if the participant is under the age of 18 years:**

I, the parent, guardian, or legal custodian of the minor named above, do hereby assent to the above waiver and agree to the terms stated above.

Date: \_\_\_/\_\_\_/\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_/\_\_\_/\_\_\_

**In Case of Emergency Contact(s):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Authentication can be made by the officers or in their absence their designees:**

_____	_____
<i>Participant</i>	<i>Date</i>
_____	_____
<i>Shift Commander</i>	<i>Date</i>
_____	_____
<i>Deputy Chief</i>	<i>Date</i>
_____	_____
<i>Fire Chief</i>	<i>Date</i>

To be signed upon completion of ride-a-long:

I hereby acknowledge that I have completed a ride-a-long with the Columbia Fire & Rescue on the date noted above and that I have not been exposed to any hazards nor have I suffered any injuries. I also acknowledge that I do not have any complaints nor any losses to report.

\_\_\_\_\_ Date

*Participant Signature*