



ANN ARBOR FIRE DEPARTMENT

111 North Fifth Avenue, Ann Arbor, Michigan 48104-1405
(734) 794-6961 • a2gov.org/fire
Serving Our Citizens Since 1889

RIDE-ALONG REQUEST & WAIVER OF LIABILITY

I (print name) _____ do hereby request permission to ride in Ann Arbor Fire Department vehicles with fire department employees who are on duty for the purpose of direct observation of fire department activities.

- This request is made to further my understanding and broaden my knowledge in the field of the fire service.
- I understand that participation could be hazardous and that personal injury or property damage could occur during the course of my participation and I hereby specifically assume any such risks and specifically waive any rights I now have or may hereafter acquire against the City of Ann Arbor or the Ann Arbor Fire Department or the employees of the Ann Arbor Fire Department for any personal injury or property damage that might occur in the course of, or as a result of, my participation in this program.
- I further agree to utilize the seat belts provided in the fire department vehicles.
- I will follow the directions of the company officer as assigned, such as staying in the fire apparatus on the way to or from a designated place during any perceived dangerous or safety compromising situation.
- I will not use the radio, unless requested to do so by members of the department to summon help in an emergency, etc.
- I will not become involved in any fire/EMS action regardless of licenses or level of training.
- Any questions concerning the company officer's actions in the performance of his/her duty shall be taken up with the battalion chief.
- I shall remain calm and non-disruptive at all times.
- It is possible that the company officer and/or battalion chief may cancel your ride-a-long at any given time as a result of safety concerns. You must be able to have transportation available to you at all times during your scheduled ride-along, in case it ends earlier than anticipated. All ride-alongs have to be completed by 1700 (5:00 PM).
- I shall maintain confidentiality of any patient information.
- I have been provided with a copy of the fire department Ride-Along Standard Operating Procedure, have reviewed said procedure, and agree to adhere to its provisions.
- I understand that a background check will be conducted via the Michigan State Police Internet Criminal History Access Tool (ICHAT).

Name: _____ Signature: _____

Cell Number: _____ Email: _____

Address: _____

Date Requested: _____ Date of Birth: _____ Gender: M / F

Emergency Contact Name: _____ Cell Number: _____

(If under 18 years old)

Parent / Guardian Name: _____ Signature: _____

Assistant Chief or Fire Chief Approval: Signature: _____

This form shall be forwarded to the management assistant at Fire Station 1.