



Logan Fire Department Ride-Along Program

Declaration of Assumption of Risk
Release of Liability and Hold Harmless Agreement
(FOR OFFICIAL USE) RECORD# _____

I, (please print) _____ the undersigned, declare that I am over the age of 16 and have requested to accompany Logan Fire Department personnel during the performance of their official duties which may include riding along in an emergency response vehicle.

I am aware that it is inherently dangerous to ride along with the Logan Fire Department and accompany Logan Fire and EMS personnel in the performance of their duties; I am voluntarily participating in these activities with full knowledge of the danger involved. I hereby agree to accept any and all risks of injury or death. *Please initial here* ().

I further agree to hold the City of Logan, its officers, employees and agents, harmless from any and all liability, actions, causes of action, debts claims, and demands of every kind and nature whatsoever which I now have or which may arise out of or in connection with my participation in the Ride-Along program.

In addition, I hereby release and discharge the City of Logan, its officers, employees and agents, from all actions, claims or demands I, my heirs, distributes, guardians, legal representatives, or assigns now have or may have for injury or damage resulting from my participation.

I further agree that while participating in the Ride-Along program I will follow all orders, rules, and regulations concerning my participation. I understand that the City may terminate my participation in the program at any time for any reason.

I understand and agree to keep all information obtained in the station or while accompanying Logan Fire and EMS confidential. I further understand that there are federal regulations requiring this confidentiality and any release of information may result in criminal and civil penalties.

I have carefully read this agreement and fully understand its contents. I am aware that I am assuming all risks of this activity, that I am holding Logan City harmless from all claims, and that I am releasing Logan City from all liability arising out of my participation in the Ride-Along Program.

Signature of Applicant/Declarant

Date

I have read this document and fully understood its content. I have explained this document to my child/ward. I am aware that this is a release of liability and I sign it voluntarily.

Signature or Parent/Guardian if Applicant/Declarant under 18

Date