

APPLICATION FOR RIDE ALONG PROGRAM

I, _____, hereby request permission to participate in the Ride
(Name)

Along program. I would like to ride with the Shawsville Volunteer Rescue Squad on:

_____ starting at _____ a.m./p.m. and ending at _____ a.m./p.m.
(Date) (Hour) (Hour)

My reason for wanting to participate in this program is: _____

Realizing the dangers inherent in rescue work, I waive any claim against Montgomery County or its employees, Shawsville Volunteer Rescue Squad or its officers or members of liability for any injury or property damage that might arise through my participation.

I expressly acknowledge that there is a risk of injury or death in participating in the program. I will be traveling in an emergency vehicle at potentially high speeds. In addition, I may be traveling to places of danger, where there may be risk of explosion, exposure to hazardous materials, fire, passing vehicles, physical violence, exposure to blood and blood-borne diseases (including AIDS and hepatitis) or other circumstances that may result in injury or death to myself. I choose to participate in the program fully aware of these risks.

I fully understand that I am NOT to exit the vehicle I am riding in to accompany the member (s) unless to do so by a member or exigent circumstances dictate that I leave the vehicle.

I affirm that I have never been convicted of a felony involving any sexual crime. I further affirm that I have not been convicted of any other felony under the laws of this State or of the United States within the last (5) years.

ATTIRE: Casual dress pants and conservative blouse/collared shirt should be worn. No shorts are allowed. Closed toe shoes must be worn.

Signed: _____ Date: _____

Date of Birth: _____ E-mail address: _____

Address: (include City, State and Zip Code) _____

Telephone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

APPROVED

DISAPPROVED

Chief/Deputy Chief

Chief/Deputy Chief