

LIVERMORE-PLEASANTON FIRE DEPARTMENT
REQUEST FOR A RIDE-ALONG

Date of Request _____

Name: _____ Age _____

Date of Birth _____

Address _____

Telephone _____

Affiliation _____

(Department; Agency; Organization i.e. Boy/Girl Scouts, etc.)

Employer/School _____

Address _____

Health Information _____

(List any/all physical conditions which are known to you such as heart condition, motion sickness, diabetes, lung disease, back problems, etc.)

Reason for participating in the "Ride-Along" program: ROP () Basic () Career ()

Preference #1

Date Requested _____ Station Requested _____

Preference #2

Date Requested _____ Station Requested _____

Preference #3

Date Requested _____ Station Requested _____

In Case of Emergency Notify:

Name _____

Relationship _____

Address _____

Telephone _____

Employer _____

Telephone _____

(Signature LPFD Officer receiving request)

(Signature of Applicant)

To be completed by Battalion Chief's Office

() APPROVED () DENIED

Reason for Denial _____

Company Assigned _____ Date(s) Assigned _____ Number Hours _____

By: _____

NOTE: Complete the "Waiver, Release and Assumption of Risk" form before submitting.

**City of Pleasanton and City of Livermore
Livermore-Pleasanton Fire Department**

**WAIVER, RELEASE, and ASSUMPTION OF RISK
(Ride-Along Program)**

(Read this document in full before signing)

I, _____, the undersigned, declare the following:

I am _____ years of age and my participation in this Ride-Along Program is voluntary and at my own risk.

I request to be considered to ride along with the Livermore-Pleasanton Fire Department (LPPFD) for the purpose of observing fire department operations. I am aware that participation as an observer may require riding in LPPFD owned and operated vehicles, crossing streets, standing near automobile traffic and walking on uneven surfaces, as well as my close proximity to firefighting equipment and related emergency activities and exposure to bodily fluids of those persons requiring emergency assistance. I am voluntarily participating in this activity with knowledge of the dangers involved and agree to accept any and all risks of personal injury.

In consideration of being permitted to participate in the Ride-Along program and observe the operations and facilities of the LPPFD, I _____, on behalf of myself and my successors, heirs and assigns do hereby agree to release, indemnify and hold harmless the LPPFD, the cities of Livermore and Pleasanton, their officers, agents, volunteers and employees from any and all liability, loss, claims, and demands, actions or causes of action for any injury or injuries of any nature that I may sustain or incur arising out of any act, occurrence, accident, or condition during the period I am so observing operations and facilities of the Livermore-Pleasanton Fire Department.

In addition, I, _____, on behalf of myself and my successors and assigns, in consideration of being permitted to observe the operations and facilities of the Livermore-Pleasanton Fire Department, further agree to indemnify, defend and hold harmless the LPPFD, the cities of Livermore and Pleasanton, their officers, agents, volunteers and employees from any and all liability, loss, claims, and demands, actions or causes of action for the death or injury to any persons and for any property damage sustained or incurred by any person which arises or may arise or be occasioned in any way from any act, occurrence, accident, or condition caused by me during the period I am so observing operations and facilities of the LPPFD.

I agree to abide and be bound by all instructions, commands, orders, rules and regulations of the Livermore-Pleasanton Fire Department and the Cities of Pleasanton and Livermore, specifically including maintaining the confidentiality of information heard or received while participating in this program.

I authorize the LPPFD to seek emergency medical treatment for me in case of injury, accident or illness. I understand that I will be responsible for medical costs incurred by such injury, accident or illness.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Executed this _____ day of _____, 20_____, in Pleasanton, California.

(Signature of Applicant)
PRINT NAME

Fire Department Use Only

Advisement

As a temporary representative of the LPFD, you are expected to present yourself in a professional manner. This includes behavior and dress. During your ride-along, you are encouraged to wear sturdy, closed-toe shoes, dark pants and collared shirt. No loose jewelry or offensive clothing is allowed. LPFD reserves the right to refuse participation to those who fail to meet this standard.

Advised by _____