

White Mountain Apache Fire & Rescue Department
AUTHORIZATION TO RIDE AN APPARATUS RELEASE

Applicant Name: _____ Phone: _____
Address: _____
Date of Birth: _____ Driver's License #: _____
Parent/Guardian Signature (*if under 18*): _____
Emergency Contact/Relation: _____
Name: _____ Phone: _____
Address: _____
Cell Phone #: _____

What is your interest as an observer?

Interested Citizen Fire Science Student Other
Potential POC Firefighter Other Agency

AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE/WAIVER AND RELEASE CLAIMS: I fully understand that my participation in a ride-along event with the White Mountain Apache Fire & Rescue Department may expose me to the risk of personal injury, property damage or death. I hereby acknowledge that I am voluntarily participating in the ride-along and expressly agree to assume any such risks.

In consideration for being permitted to participate in the ride-along, I hereby release and forever discharge the White Mountain Apache Fire & Rescue Department, the White Mountain Apache Tribe, its officers, employees, agents and volunteers from any injury, death or damage to/loss of personal property arising out of or in connection with my participation, including active or passive negligence of the White Mountain Apache Fire & Rescue Department, the White Mountain Apache Tribe, its officers, employees, agents, volunteers or any other participants in the event.

In further consideration for being allowed to participate in the ride-along, I hereby agree for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the White Mountain Apache Fire & Rescue Department, the White Mountain Apache Tribe, its officers, employees, agents and volunteers from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event brought by any third party.

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

Signature: _____ Date: _____
Parent/Guardian (if under 18): _____ Date: _____

Application Reviewed by: _____ Date: _____
Approved: Not Approved:
Reason Not Approved: _____ Assigned to: _____
Employee #: _____ Shift: _____ Date: _____
