

ACKNOWLEDGMENT OF RISKS, RELEASE, AND WAIVER

I, _____, residing at _____, desire to participate in the ride-along program established by the City of Roanoke’s Fire/EMS Department (“Program”). I acknowledge that there are serious risks involved in participating in the Program, and such participation could result in loss of life or sever bodily injury.. Despite the risks involved, I wish to participate in the program and, in exchange for being allowed to participate, I do herby release and forever discharge the City of Roanoke, its officers, agents, employees and volunteers from any claims, demands and liabilities on account of any and all injuries, losses and damages to my person and property which may arise during any activities involving the City of Roanoke’s Fire/EMS Department including but not limits to riding as a passenger in any Fire/EMS vehicle, accompanying firefighters/EMS personnel, or being present at any occurrence involving the Fire/EMS department or any Fire /EMS activity of the City of Roanoke Fire/EMS Department. I is my intention to completely, absolutely and finally release said city of Roanoke, its officers, agents, employees and volunteers from all liabilities arising wholly or in part from the activities aforesaid.

The undersigned further covenants and agrees to protect and save harmless City of Roanoke, its officer, agents, employees and volunteers from any loss, damage or expense, including attorney’s fees, by reason of litigation or otherwise, on account of claims, liabilities and injuries to person or property aforesaid arising out of the activities described above.

I agree the this Acknowledgment of Risks, Release and Wavier form will be effective for every instance of my participation in the ride-along program and shall continue in effect unless and until revoked in a written document delivered to the City of Roanoke’s or Department of Fire/EMS.

I (am)(am not) 18 years old. (If under 18, separate parental consent must be obtained.)
WITNESS my hand and seal this ____ day of _____ 20__, in the City of Roanoke.

_____(Seal)
Signature

Witness to Signature

Name

Date of Birth

Address

Social Security Number

Phone Number

Parent/Guardian