

**REQUEST FOR PERMISSION TO RIDE AS AN OBSERVER**

**AND**

**HOLD-HARMLESS AGREEMENT**

The undersigned being over the age of eighteen, does hereby request the Fort Lauderdale Fire-Rescue Department for permission to ride solely as an observer in an authorized Fort Lauderdale Fire-Rescue Department motor vehicle. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree at all times to obey all instructions, orders and directives given me by the officer or officers in command whether it be in or at the fire station, on any fire department vehicle or at any incident scene. I fully realize and appreciate the basic nature of fire department work and the possibility that situations will arise which might result in exposure to danger or physical harm or injury, including, but not limited to, motor vehicle accidents. I also understand this includes the inherent risk and dangers of exposure to COVID-19, as such risks cannot be avoided even through the use of reasonable care by the City of Fort Lauderdale. I nevertheless freely and voluntarily accept these risks. I further agree to keep confidential anything which I may observe when requested to do so by members of the Fort Lauderdale Fire-Rescue Department. Additionally, I understand that I cannot take any photographs, video or other imaging (analog or digital) without the express written consent of the Fire Chief or their designee. I further understand and agree that any medically related patient information shall not be disseminated in any form under penalty of law (HIPAA). Finally, I understand that the privilege of riding as an observer may be terminated at any time without notice by the Fort Lauderdale Fire-Rescue Department.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Fort Lauderdale, its Commission, Fort Lauderdale Fire-Rescue Department and its Fire Chief, City of Fort Lauderdale employees, agents and servants harmless from any and all liability to me for bodily injury or property damage whether proximate or remote, sustained during the period of time I may be in the capacity of an observer as aforesaid.

_____	_____	_____
(Print Name)	(Home Address)	(Telephone Number)
_____	_____	_____
(Signature)	(City)	(State, Zip)
_____	_____	_____
(Age)	(Date of Birth)	(Occupation)
_____	_____	_____
(Fire Department Witness - Print)	(Witness - Signature)	(Rank)

Approved:

(Deputy Chief of Designee – Print & Signature)

For

(Date and Time Period)

Unit Assigned: