

OBSERVER AUTHORIZATION FORM

POLICY 2-62

Name of Requestor: _____ D/O/B: ___/___/___

Home Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency Contact Name: _____

Relation to Requestor: _____

Emergency Contact Telephone: _____

Purpose of Ride-along: _____

Date Requested: ___/___/___

NON-MEMBER AGREEMENT:

I have read, understood and agree to abide by all requirements outlined in the Policy.

In consideration of the granting of such permission and authorization, I hereby waive all claims of liability and agree to defend and indemnify the District, its elected and appointed officers, employees and agents for any injuries, including death, and any claims for property damage resulting or alleged result from participation in any and all activities of the District.

I will not divulge any protected health information I may be witness to, and will abide to the specific confidentiality requirement of the Policy.

Further, my participation in any given activity of the District may be withdrawn by the officer in command or a chief officer of the District and that permission and authorization for my participation in all activities of the District may be withdrawn by action of the Fire Chief.

The signature by the participant and the signature by the parent or guardian of any participant under the age of eighteen (18) years, shall certify that such person has read, understood, and agrees to the provisions and limitations contained herein.

Participant Name (*Please Print*): _____

Participant Signature: _____ Date: ___/___/___

Parent or Guardian Name (*Please Print*): _____

Parent or Guardian Signature: _____ Date: ___/___/___

AUTHORIZATION:

Reviewed by Fire Chief: _____ Date: ___/___/___

Approved by Dist. Officer: _____ Date: ___/___/___

Approved by Fire Chief: _____ Date: ___/___/___

District Officer-in-Charge: _____ Ride-along Date: ___/___/___