



Name of Applicant (print)

Phone

Address

City/State

Zip

Agency/Program Affiliation: (Mark one)

- Fire Dept. EMS Training Program Job Shadow Citizen Other

Liability Release

I hereby acknowledge that I am voluntarily participating in activities and programs arranged by Clark-Cowlitz Fire Rescue, to include, but are not limited to, riding time (time spent with CCFR employees in observation and/or internship) and course instruction. I am aware that certain risks and dangers are associated with these activities and programs. These risks and dangers include, but are not limited to, travel by automobile, travel in mountainous terrain, accident, injury, illness, exposure to possible infectious disease, psychological stress, and physical attack by patients.

As lawful consideration for being permitted to participate in activities and programs, I hereby agree to accept any and all risks and dangers associated with these activities and programs. I hereby release and discharge CCFR, its staff, and instructors of any liability whatsoever related to any loss or damage of property or personal damage resulting from any activity or program. I release and discharge CCFR from all actions, claims, or demands I, my heirs, legal representatives, and executors now have or may hereafter have for injury or damage resulting from my participation in these activities and programs.

I acknowledge that I am adequately informed of the risks of infectious disease transmission and the precautionary standards of body substance isolation related to infectious disease transmission.

I acknowledge that I have an absolute duty to maintain patient confidentiality and will record and maintain no record of patient contact that could be used in the future to specifically identify any patients that I might encounter. Nor will I communicate to any individual outside of those directly responsible for the patient's care any specifics in relation to patient identity.

I have carefully read this statement and fully understand and accept its contents. I am aware this is a release of liability and a contract between me and Clark-Cowlitz Fire Rescue.

Copy of Drivers License/ID must be attached to this form.

Rider Signature (or Authorized Guardian)

Date

Parent or guardian must sign if rider is under eighteen (18) years of age.

Retain a copy of this form to show the crew when you ride.

INTERNAL USE ONLY

Clark-Cowlitz Fire Rescue Authorizing Signature

Title

Date

Ride Out Station #

Date

Officer

Reminder: Add note in Crewsense of Rider and Station
Send copy of this form and Drivers License/ID to front office staff at 21.