



## RED BLUFF FIRE DEPARTMENT

555 WASHINGTON STREET

RED BLUFF, CA 96080

(530) 527-1126 ph

(530) 529-4768 fax

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### Citizen Rider Waiver of Liability

The citizen rider program is intended to provide the non-fire fighting citizen an opportunity to become acquainted with the duties of the Red Bluff Fire Department personnel. These duties may involve contact with persons involved in suspected violations of the law or persons who appear to be unable to take care of their personal safety.

These contacts may give rise to dangerous incidents and situations which involve the fire fighter and other persons in the fire vehicle. The fire fighter may not, in all circumstances, be able to perform his duties and at the same time protect the citizen rider from danger or injury arising from the conduct of the fire fighter in carrying out his duties.

The undersigned, after having read the above, does by his/her signature on this document, agree to hold the City of Red Bluff, its elected officials, officers and employees harmless from and to indemnify and defend them against all claims, liability, judgments, attorney's fees, cost and expenses arising from any injury, illness, wrongful death or damages to property to the undersigned, or to such person as the undersigned shall be signing on behalf of, and arising while on duty and from the negligence, omissions, or wrongful conduct of any persons (excepting employees of the City of Red Bluff while on duty) during the period in which the citizen rider is considered to be on ride-along, whether or not such person is actually within the vehicle.

THE UNDERSIGNED, IF HE/SHE DOES NOT UNDERSTAND ANY PORTION OF THIS DOCUMENT, SHOULD NOT SIGN IT. BY SIGNING THIS DOCUMENT, THE UNDERSIGNED AGREES TO ITS TERMS WHICH TERMS MAY, IN CERTAIN EVENTS, BE DETRIMENTAL TO THE RIGHTS OF THE UNDERSIGNED.

I HAVE READ AND UNDERSTAND EACH OF THE TERMS OF THIS DOCUMENT AND AGREE TO BE BOUND BY SUCH TERMS.

(PLEASE PRINT LEGIBLY)

\_\_\_\_\_  
*Citizen's Name*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PERMISSION OF PARENT OR LEGAL GUARDIAN:**

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*City State Zip*

***(This section MUST be completed at least one (1) week prior to first requested date of ride-along)  
Please provide three (3) dates you would be available for us to choose from***

**DEPARTMENTAL APPROVAL:**

\_\_\_\_\_  
*Date of Ride*      \_\_\_\_\_  
*Time Start*      to      \_\_\_\_\_  
*Time Stop*      \_\_\_\_\_  
*Total Hours*

\_\_\_\_\_  
*Date of Ride*      \_\_\_\_\_  
*Time Start*      to      \_\_\_\_\_  
*Time Stop*      \_\_\_\_\_  
*Total Hours*

\_\_\_\_\_  
*Date of Ride*      \_\_\_\_\_  
*Time Start*      to      \_\_\_\_\_  
*Time Stop*      \_\_\_\_\_  
*Total Hours*

\_\_\_\_\_  
*Captain Approval*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Duty Chief Approval*

\_\_\_\_\_  
*Date*