



Marin County Fire Department

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MARIN COUNTY FIRE DEPARTMENT

VISITOR'S WAIVER AND RELEASE OF CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE

I hereby request permission to ride on motor vehicle equipment owned or operated by the Marin County Fire Department and to accompany members of the Marin County Fire Department in the performance of their duties. I am aware that I will be subjected to risk of bodily harm or damage to my property accompanying members of the Fire Department during performance of their official duties.

In consideration of the permission given to me to ride in a vehicle operated by the Fire Department and to accompany members of the Fire Department during the performance of their official duties, I hereby agree that the County of Marin, the Marin County Fire Department, and its' officers, employees, agents, elected officials, and volunteers, and their sureties, shall not be held responsible or liable in any manner whatsoever for my injury, loss, damage, liability or expense either to me or my property arising out of or in any way connected with my riding in any vehicle operated by the Marin County Fire Department or in any way connected with my presence during the performance of duties by a member of the Fire Department, including but not limited to operation of a vehicle, suppression of fire, rescue operations, or ambulance operations, whether in an emergency or otherwise.

I do further agree to save and keep the County of Marin, the Marin County Fire Department, and its' officers, employees, agents, elected officials, and volunteers, and their sureties, and each of them, free, indemnified and harmless from any loss, damage, liability or expense incurred or claimed by any person or persons by reason of or in any manner whatsoever related to my participation in the aforementioned acts.

ADDITIONAL PROVISIONS TO VISITOR'S WAIVER

_____ I understand that during the course of my observations, I may be splashed with blood which could expose me to life-threatening diseases such as Hepatitis and AIDS. I understand that a vaccine is available to help prevent hepatitis. I have been advised that it is recommended that all riders receive the vaccination series before initiating their ride along experience.

_____ I understand that I will become aware of private health information during the course of my ride along experience. I understand that federal regulations do not allow me to discuss this information with anyone not directly associated with the incident. I further understand that a violation of these regulations could result in criminal and civil penalties.

_____ I understand that I may be exposed to very graphic injuries and events that could cause me to have emotional distress, loss of sleep and other psychological problems.

_____ I understand that I am responsible for wearing appropriate professional attire which consists of dark pants and shirt. No jeans, shorts or open toed shoes are permitted. Representatives from other fire agencies, hospitals or the like may wear their own uniforms.

_____ I understand that ride along time is restricted to the hours of 8AM and 5PM. Exceptions are allowed for students enrolled in paramedic training programs.

_____ I understand that I am not to become involved in the care of any patient or assist at any incident unless expressly directed to do so by an employee of the Marin County Fire Department.

_____ I understand that I may be asked at anytime to cease my ride along activity at the direction of a Marin County Fire Department employee. This may occur at a location in the "field." Every effort will be made to return the rider to their point of origin in a reasonable period of time.

I acknowledge that I am at least 18 years old and have read and fully understand the contents of this waiver. I have initialed all of the provisions above.

Visitor's Name (printed): _____

Signature: _____ Date _____

Parent / Guardian Name (if rider is under 18) _____

Parent / Guardian Signature (if rider is under 18) _____

Person to notify in case of emergency:

_____ Telephone Number _____