



# Rockledge Fire Department

Jim Wilson  
Fire Chief

1776 Jack Oates Boulevard  
Rockledge, FL 32955  
Tel: (321) 221-7540 Option 5

## Ride Along Program - Waiver of Liability

I, \_\_\_\_\_ (Requestor), being at least eighteen (18) years of age or (16) with parent's consent, do hereby request permission from City of Rockledge Fire Department, Brevard County, Florida, to ride as an observer in an authorized Department motor vehicle. If permission is granted, I hereby agree to obey all lawful instructions, orders, or commands given to me by any Firefighter or Supervisor during my participation in the Ride Along Program. I fully realize and understand the potentially hazardous nature of Fire and Emergency Services work, and I understand that situations may arise which could result in my personal injury or death, and I freely and voluntarily accept these risk, furthermore, I understand that I may be exposed to privileged information including but not limited to: special fire and police tactics, personal medical information, juvenile information and other information of a private or personal nature. I understand that such information is confidential by law; and I agree not to disclose such information to any person. I also understand that if I do disclose any such information to any other person, I may be prosecuted under federal, state or local criminal statutes or ordinances.

I agree to abide by the following dress code; appropriate attire includes trousers/slacks or nice jeans, comfortable shirt/blouse, comfortable leather shoes, etc. Shorts, cutoffs, sandals, and other inappropriate casual clothing is prohibited. I also understand that the Shift Supervisor or any of his Superiors may refuse to allow me to ride, if I am not appropriately dressed.

Wherefore, in consideration of the foregoing, I hereby agree to hold harmless the City of Rockledge, its Mayor, City Council (collectively and individually), City Manager, employees, agents and servants, and the City of Rockledge Fire Department, its Chief, employees, agents and servants, collectively and individually, from all liability to me for personal injury, death, or for property damage sustained during the period of time I may be in the capacity of an observer, as foresaid. Furthermore, I promise not to record or disclose any event or information to which I may be a witness without prior approval of the Fire Chief of the City of Rockledge, or his designee. I further understand that violation of these requirements may result in criminal charges filed against me.

\_\_\_\_\_  
Requesters Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian if Applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

• Approved • Disapproved Fire Chief \_\_\_\_\_

Date \_\_\_\_\_

• Approved • Disapproved Operations Chief/Battalion Chief \_\_\_\_\_

Date \_\_\_\_\_