

**RIDE-ALONG WAIVER  
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE  
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, age \_\_\_\_\_, have made a voluntary request to ride in a vehicle assigned, leased, owned, operated, or otherwise in use by the Franklin County Department of Public Safety and/or one of its fire, rescue, or EMS stations. I have also made a voluntary request to accompany personnel during the performance of their official duties.

In consideration of the permission given to me to participate in a ride-along program, I do hereby agree:

1. That I am aware that the work of the Department of Public Safety is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying personnel during the performance of their official duties and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with fire, explosion, gas, electrocution, hazardous materials, medical emergencies, or the use of weapons, unlawful acts, or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace while accompanying personnel during the performance of their official duties.
2. That the County of Franklin, Daryl Hatcher, Chief of Public Safety for the County of Franklin, his sureties, all personnel of the Department of Public Safety, their sureties, and each of them, shall not be held responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned, leased, owned, operated, or otherwise in use by the Franklin County Department of Public Safety and/or one of its fire, rescue, or EMS stations or while accompanying any personnel of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any personnel of said department.
3. For myself, my heirs, my executors, administrators, and assigns, to release, indemnify, protect, defend, and hold the County of Franklin, the Franklin County Department of Public Safety, and all officers, employees, supervisors, volunteers, and others employed or providing service for said department, harmless from all liability, obligations losses, claims, demands, damages, actions, suits, proceedings, costs, and expenses, including attorney fees, of any kind or nature whatsoever, whether suffered, made, instituted, or asserted by me, my heirs, executors, administrators, and assigns, or by any other entity, party, or person for any personal injury to or death of any person or persons for any loss, damage, or destruction of any property, whether owned by the County of Franklin or not, arising out of, connected with or resulting directly or indirectly from my participation in the ride-along program and which arises by reason of any actual or claims negligent or wrongful act or omission of mine that occurs while riding in any vehicle assigned, leased, owned, operated, or otherwise in use by the Franklin County Department of Public Safety and /or its fire, rescue, or EMS stations or in otherwise participating in the ride-along program. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the ride-along program.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Name (print or type): \_\_\_\_\_

Or for minor, Parent or Guardian (print or type): \_\_\_\_\_

DO NOT SIGN or date this document until in the presence of a witness from the Department of Public Safety.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Social Security # Race Sex

\_\_\_\_\_  
Parent/Guardian Signature (for minor) \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Witness Signature \_\_\_\_\_  
Date