



## Waiver Agreement: For "Ride Along" on BVFD Apparatus

Date of Ride Along: \_\_\_\_\_

DOB: \_\_\_\_\_

Visiting Rider Name: \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_

Telephone(s): (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

### General Guidelines:

1. Ride Along opportunities begin at 7:00 pm, and start no later than 8:00 pm.
2. Dress code: Full Length dark pants or jeans without tears; Sturdy and supportive close-toed shoes or boots with less than a one inch heel; Shirt with sleeves (no inappropriate graphics, slogans, etc).
3. No weapons of any kind, cameras, or video recording devices are permitted. No images may be capture via cell phone. No images from emergency incidents may be posted to any form of social media.
4. Report to the Volunteer Officer in Charge, or a pre-designated member, and provide them with this completed Form.
5. For safety reasons, you must always follow the direction and instruction of fire rescue personnel while on calls or in the station.
6. When on an emergency incident, you are strictly an observer. You may not speak to a patient or participate in their care in any way. After the call, you may ask BVFD personnel questions about what you observed.
7. Patient Confidentiality must be maintained. Any information regarding a patient is strictly confidential and must not be discussed with anyone after the Ride Along experience.
8. The wearing of the vehicle seat belt in mandatory.
9. Tobacco usage is not permitted while riding, or anywhere inside the station.
10. Please use the designated striped parking spaces to the rear of the building. If the engine bays are not open, you will need to enter the station from the front door.
11. Some Ride Along periods can conclude without any emergency incidents. If so, you may wish to schedule a second ride along.

The Burtonsville Volunteer Fire Department reserves the right to terminate any Ride Along due to extreme weather, unusual call load, non-compliance with professional conduct or dress, or other unforeseen events.

**Person desiring to ride must sign the following waiver, prior to riding. Persons under the age of 18 must have form co-signed by his or her parent or legal guardian.**

By signing this waiver, I hereby now and forever, release the Burtonsville Volunteer Fire Department, Inc.; all of its members, administrative and line officers, including the Chief and President, and the Montgomery County Government; from any liability for injury or death that might result from any activities associated with my riding on emergency apparatus. I further agree to adhere to the rules of the BVFD and Montgomery County Fire Rescue and to follow all lawful instructions given to me. I hereby certify that all of the above information is true and that I am signing this form after having read and understanding it, in its entirety.

I authorize a criminal record check be completed in compliance with the guidelines of this program. I understand that the full name, sex, and date of birth information recorded on this form is required to check my criminal record.

- Yes    No   Are you affiliated with any public safety agency/organization?
- Yes    No   Are you currently seeking Membership with the Burtonsville Volunteer Fire Dept.?
- Yes    No   Are you affiliated with any new media outlet?
- Yes    No   Are you currently under a doctor's care?
- Yes    No   Are you currently taking any medications?
- Yes    No   Have you ever been arrested?
- Yes    No   Have you ever been arrested?

Organization/Affiliation: \_\_\_\_\_

Related Fire, Rescue or EMS Training: \_\_\_\_\_

X \_\_\_\_\_  
Signature of Person Riding Along

X \_\_\_\_\_  
Signature of Witness / Date

X \_\_\_\_\_  
Signature of Legal Guardian  
If under 18 years of age.

X \_\_\_\_\_  
Signature of Witness / Date

Copy of Driver's License attached.

Cursory Background Check Completed

\_\_\_\_\_  
Printed Name and Authorizing BVFD Representative/Officer

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date



**FOR BVFD USE ONLY**

Did Visiting Rider participate in an incident call on this date?  Yes  No

If yes, what type of incident(s)?

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Did Visiting Rider follow all instructions and handle themselves appropriately?  Yes  No

Additional Comments: \_\_\_\_\_

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Did Visiting Rider tour the station and interact with other Members?  Yes  No

Additional Comments: \_\_\_\_\_

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Name and BVFD Member observing ride along on calls:

\_\_\_\_\_  
Printed Name of BVFD Officer/Member

\_\_\_\_\_  
Title/Position

**\*\*Please return completed form to Ms. Miles' copy room Inbox\*\***