



Colorado River Fire Rescue

1850 Railroad Avenue • Rifle, Colorado 81650

Telephone: (970) 625-1243 • Fax: (970) 625-2963 • www.crfr.us

Ride-Along Agreement and Release of Claims

This document must be completed and signed prior to participating in any ride-along activities.

Participant Information

Full Name: _____

Date of Birth: _____

Residential Address: _____

City / State / ZIP: _____

Phone Number: _____

Email Address: _____

Request for Participation

I, the undersigned, hereby request permission from Colorado River Fire Rescue to participate as a ride-along participant in the Ride-Along Program. I understand that participation is voluntary and subject to approval by Colorado River Fire Rescue.

Assumption of Risk

I acknowledge that riding in emergency vehicles and accompanying Fire and EMS personnel during emergency and non-emergency operations involves inherent risks, including but not limited to physical injury, illness, emotional distress, disability, death, and damage or loss to personal property. I knowingly and voluntarily assume all such risks.

I further acknowledge that emergency response activities are inherently dangerous and unpredictable, and I fully accept responsibility for my participation.

Release and Waiver of Liability

In consideration for being permitted to participate in the Ride-Along Program, I hereby release, waive, discharge, and hold harmless Colorado River Fire Rescue, its Board, officers, employees, members, agents, volunteers, and affiliated entities from any and all claims, demands, actions, or causes of action arising out of or related to my participation, including claims resulting from negligence, to the fullest extent permitted by law.

This release applies to any injury, illness, disability, death, loss, or damage to person or property, including incidents occurring while traveling to or from Colorado River Fire Rescue facilities or while participating in ride-along activities.

Compliance with Rules and Policies

I certify that I have read and understand the ride-along participant Ride-Along Rules and Procedures and agree to comply with all department policies, safety requirements, and



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instructions provided by Colorado River Fire Rescue personnel. I understand that failure to comply may result in immediate termination of my participation.

Confidentiality Acknowledgment

I understand that I may observe confidential or protected information during my participation, including patient care activities. I agree to maintain the confidentiality of all such information and not disclose it to any unauthorized person.

Insurance and Medical Fitness

I acknowledge that Colorado River Fire Rescue does not provide workers' compensation, health insurance, life insurance, or liability insurance coverage for ride-along participants. I certify that I am physically and mentally capable of participating and that I am not under the influence of alcohol, illegal drugs, or impairing medications.

Termination and Scope

I understand that participation is a privilege and may be terminated at any time at the discretion of Colorado River Fire Rescue. This agreement is valid for a period of **one (1) year** from the date of signature unless revoked earlier by Colorado River Fire Rescue and does not guarantee approval or continued participation.

Electronic Signature Acknowledgment

I understand that this agreement may be signed electronically and that my electronic signature is legally binding.

Participant Signature:

_____ **Date:** _____ :

Mission Statement:

“We are Ready; We Protect Life, Home, and Property.”