CITY OF SAN DIEGO
SAN DIEGO MEDICAL SERVICES ENTERPRISE, LLC
SAN DIEGO FIRE & LIFE SAFETY SERVICES
RURAL/METRO OF SAN DIEGO, INC.
RURAL/METRO CORPORATION

WAIVER OF CLAIMS FOR DAMAGES AND COVENANT NOT TO SUE

In consideration of the permission granted to me by the City of San Diego and/or Rural/Metro of San Diego, Inc., to accompany emergency personnel, including fire fighters, paramedics and emergency medical service technicians, while performing their duties in responding to fires, medical or other emergencies I, _____, hereby waive all claims for death or injury to my person and/or for damage or loss to my property which may be caused by any act or omission of the City of San Diego, San Diego Medical Services Enterprise, Rural/Metro of San Diego, and/or Rural/Metro Corporation, its officers, agents, managers or employees. I agree to indemnify the City of San Diego Medical Services Enterprise, Rural/Metro of San Diego, and/or Rural/Metro Corporation, its officers, agents, managers or employees for any and all loss, damage or liability, contingent or direct which they may sustain as a consequence of my acts or conduct during this ridealong and Training Academy activities. I understand that emergency fire and medical response involves on occasion extraordinary circumstances, which may be hazardous to my person or property. I acknowledge that the City of San Diego, San Diego Medical Services Enterprise, Rural/Metro of San Diego, and/or Rural/Metro Corporation, its officers, agents, managers or employees, have in no way represented to me that the facilities, vehicles or equipment with which I may come in contact are safe for, or designated for, the use to which I may put them. I assume the risk of all dangerous conditions or occurrences, which may be encountered, while I am at the scene of any emergency response or while in route to or from such emergency response or at any time during my ridealong and Training Academy activities. I also waive any and all specific notice of the existence of such conditions or occurrences or exposures from third party actions including, but not limited to, hazardous materials, exposure to airborne or bloodborne pathogens including AIDS, hepatitis, TB or other contagious or infectious diseases, gunfire, fire, smoke, explosions, and/or traffic collisions, which can expose me to personal injury or death. I hereby covenant not to file a claim against or sue the City of San Diego Medical Services Enterprise, Rural/Metro of San Diego, and/or Rural/Metro Corporation, its officers, agents, managers or employees or insurance carriers, if any, for any claims arising out of any act or omission occurring during my ridealong and Training Academy activities. I understand that while on the ridealong and Training Academy activities, I may become a material or percipient witness to incidents or events, which form the basis for a criminal or civil proceeding. In this event, I may be required by subpoena to testify as a witness at my own cost. Knowing and understanding this, I still wish to participate in the ridealong and Training Academy activities and voluntarily assume all such risks as may occur while I am participating. I agree to follow all precautionary measures and instructions given by any employee of the above agencies.

_____	_____	_____
Name (Please print)	Signature	Emergency Contact Name/Number
_____	_____	_____
Parent/Guardian Name (Please print)	Parent/Guardian Signature	Relationship to Minor

Signatures Witnessed by: _____ _____
(Print Name) CDL or Other ID#

TO BE COMPLETED BY COMPANY OFFICER

Assigned to: Station _____ Division_____ Date_____

Responsible Officer / Paramedic on Assigned Apparatus _____

Engine, Truck, or Medic Unit #_____ Company Officer Signature _____

THIS FORM SHALL BE RETAINED IN DESIGNATED STATION FILE FOR 3 YEARS FORM DATA OF RIDE ALONG