



Superstition Fire & Medical District

Phone (480) 982-4440 ~ www.sfmd.az.gov

Administration Office
565 North Idaho Road
Apache Junction, AZ 85119
Fax (480) 982-0183

Regional Training Center
3700 East 16th Avenue
Apache Junction, AZ 85119
Fax (480) 982-3268

Fleet & Facilities Services
1455 East 18th Avenue
Apache Junction, AZ 85119
Fax (480) 983-7443



CIVILIAN "RIDE-ALONG" LIABILITY WAIVER

The intent of the Superstition Fire & Medical District Civilian "Ride Along" Program is to provide an opportunity for individuals to accompany SFMD personnel to observe them in the performance of their duties.

The rider is aware that such duties may create a hazard to the rider and/or to the firefighters.

The Fire District agrees to permit the rider to "Ride-Along" with Superstition Fire & Medical District personnel on the following date(s):

The rider agrees to the following:

In consideration for the privileges of accompanying a crew, I do hereby hold harmless, release and discharge the District from all claims, present and future, known or unknown, in any manner arising out of my participation in the Ride-Along Program. I specifically waive any and all rights I have or may have in the future under the Arizona and/or Federal Tort Claims Act or any other statute.

I agree to comply fully with any directives, orders, or requests from Fire District personnel during the Ride-Along Program.

I agree to strictly observe the confidentiality of District and patient records. Any breach of confidentiality will result in the termination of privileges and may result in legal action against me.

I have read and understood this release agreement and all of its terms. I have executed it voluntarily and with full knowledge of its significance.

I understand that riding along with Superstition Fire & Medical District personnel may expose me to risks such as hazardous material, infectious diseases, traumatic situations, etc.

I understand that I must be able to function in such a way as to not impede the functions of the crew as they perform routine or emergency duties.

Superstition Fire & Medical District Representative

Rider's Signature

Rider's Printed Name

Date

Rider's Parent or Guardian (if Rider is under 18)