



# NIXA FIRE PROTECTION DISTRICT

301 South Nicholas Road  
Nixa, MO 65714  
Business (417) 725-4025  
Facsimile (417) 725-2393

## *RIDE ALONG PARTICIPATION WAIVER OF CLAIMS AND RELEASE OF LIABILITY*

Whereas, I, the undersigned, for my own personal education and benefit, request that the Nixa Fire Protection District (NFPD) grant me permission to ride in any emergency vehicles, participate in Fire and/or EMS training exercises,

And Whereas, the NFPD is willing to permit my participation because it serves important functions such as public education, I agree as follows:

In consideration of receiving permission from the NFPD to enter upon its premises, and to accompany its employees, while engaged in their assigned duties, including emergency and non-emergency alarm responses, I (print your name) \_\_\_\_\_ hereby release the NFPD District and its agents and employees, of and from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss or damage, or injury, including death, that may be sustained by the undersigned, or any property of the undersigned while in, on, or upon these premises, vehicles, or equipment, under the control or supervision of the NFPD, or in route to or from premises of the NFPD or other premises at or around a site of an emergency or non-emergency alarm response.

As a participant in the NFPD's Ride-Along Program, I agree to safeguard the privacy and confidentiality of all patients and participants in these exercises. I agree not to share or confirm any information regarding individual patients or their treatment, except with NFPD personnel. This includes any information that could be used to identify these patients, such as by address, description, or otherwise. I understand that any disclosure of patient information in violation of the Health Insurance Portability and Accountability Act (HIPAA) may subject me to civil and/or criminal penalties as prescribed by law. Such penalties may include up to ten years in prison and up to \$59,522 per violation.

During and after these exercises and while in or around NFPD premises and vehicles, I will remain under the instruction of the Company Officer. I will abide by all instructions and restrictions imposed by the NFPD and/or my supervisor. I acknowledge that I may be asked to discontinue the exercises or be required to leave the premises at any time for any reason and I agree to abide by such decision and the reason therefore need not be disclosed to me. I agree to immediately notify the Company Officer of any accident or injury to me, or any incident that causes me concern, and cooperate in providing information concerning the same. I authorize the NFPD to seek emergency medical treatment for me and to arrange for my transportation to a medical facility in the event of a medical emergency.

I acknowledge that, although I may be assigned duties as a ride along, these duties and my participation in the Ride-Along Program are not job-related activities for me. No worker's compensation, insurance, reimbursement or other benefits are available to me in the event of

injury, death, property damage or other loss. No promise or inducement has been made to me for my agreement.

The undersigned being duly aware of the risk and hazards, including but not limited to physical, physiological and emotional hazards, inherent upon entering said premises and/or in participating or accompanying its employees on emergency or non-emergency alarm responses, hereby elects voluntarily to enter upon said premises, knowing their present condition, and knowing that said condition may become more hazardous and dangerous during the time the undersigned is upon premises or accompanying its employees on its alarm responses, and further knowing they may witness severe injury to, or the death of human beings. The undersigned hereby voluntarily assumes all risk of loss, damage, trauma, or injury, including death, that may be sustained by the undersigned, or any property of the undersigned while in, on, or upon said premises, or accompanying the NFPD's employees upon their assigned duties. This release shall be binding upon distributes, heirs, next of kin, executors, administrators, personal representatives of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledges and represents:

- a) The undersigned has read the foregoing release, and understands it, and signs it voluntarily:
- b) The undersigned is over eighteen (18) years of age and of sound mind; or the undersigned is below eighteen (18) years of age and the witness, is signed by a parent or legal guardian.
- c) The undersigned is not an agent, servant or employee of the Nixa Fire Protection District or any of the agents, officers, servants, or employee of the Nixa Fire Protection District.

Participant Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Guardian Signature (if under 18; must be signed **in-person**):

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guardians Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Participants Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ ZIP \_\_\_\_\_

In an Emergency, contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any relevant health conditions: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_