



Goochland County Department of Fire-Rescue and Emergency Services

Ride-Along Program - Adult Request Form

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Reason for Ride-Along: _____

Type/Specific Unit Requested: _____ Specific Date(s) Requested: _____

Ride-along participation is limited to one trip per approved form unless a part of a special program. Granting of permission is contingent upon the review of this request by the Chief of the Goochland County Department of Fire-Rescue & Emergency Services, or his or her designee. No ride-Along participants are allowed to operate on the roadway, street, or highway, and are to remain inside the apparatus when on the scene of a roadway incident.

Approved Denied

District Chief Approval Signature Date

Unit or Company Assignment: _____ Member Assigned to Participant: _____

ADULT RELEASE FOR RIDE-ALONG

WHEREAS, I the undersigned, have requested the Goochland Goochland County Department of Fire-Rescue & Emergency Services {hereinafter called the "Department"} for my own personal benefit, grant me permission to ride in emergency response vehicles and attend emergency incidents that may be responded to, and the said Department has indicated that it is willing to grant my request providing that I execute in writing this instrument releasing said Department and the Government of Goochland County and its or their elected or appointed officials, officers, agents or employees from and against any and all suits or claims for losses, damages, expenses, property damage, personal injuries or death which might be suffered or sustained by me directly or indirectly as a result of riding in an emergency response vehicle or attending emergency incidents that may be responded to.

NOW, THEREFORE, BE IT KNOWN THAT I, the undersigned, am over the age of eighteen {18} years and for and in consideration of the permission granted by the Department to me to ride in emergency vehicles and attend emergency incidents that may be responded to during the hours in which said vehicles are in service, but only for the period specified by Department, do hereby assume any and all risks and liability for damages, losses, expenses, property damage, personal injuries, or death which might be suffered or sustained, while in a motor vehicle, while in attendance at emergency incidents that may be responded to, in any building, or on any property or premises owned or operated by the Department or the Government of Goochland County, and do hereby, for myself, my heirs, executors, of administrators, or other persons claiming under or through me, hereby release and forever quit claim and discharge the Department, the Government of Goochland County and its or their officers agents or employees, from any claim that I, my heirs, executors, of administrators, or other persons claiming under or through me, have, or can or might have, as a result of any losses, damages, expenses, property damage, personal injuries, or death which I or any persons whosoever claiming under or through me, may suffer or sustain while exercising permission, in any motor vehicle, while in attendance at emergency incidents that may be responded to, in any building, or on any property or premises operated by the Department or the Government of Goochland County, whether losses, damages, expenses, property damage, personal injuries or death result from the negligence of the Department or the Government of Goochland County, its or their officers, agents and employees, or are otherwise caused.

Informed Consent - Ride-Along Program

- I have received training and understand the Department's HIPAA Privacy Policy.
- I understand that there is a potential risk for exposure to blood borne pathogens or or other potentially infectious materials when participating in an observation program in the fire-rescue work environment.
- I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.
- Should I become exposed to blood or other potentially infectious materials, I will be advised by the Fire-Rescue service to seek medical attention at the location specified in the Department's Exposure Control Plan. I understand that the Department is NOT responsible for the costs associated with post-exposure medical treatment and/or counseling.

Signature of Ride-Along Participant Date

COMMONWEALTH OF VIRGINIA
County of Goochland to-wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, ,

by _____.

My Commission Expires: _____

Notary Public