



**Goochland County Department of Fire-Rescue and Emergency Services
Ride-Along Program - Minor Request Form**

ALL PARENTS/GUARDIANS HAVING CUSTODY MUST SIGN

Participant's Name: _____ Date of Birth: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Parent(s)/Legal Guardian(s) Information

Name: _____ Parent Guardian Name: _____ Parent Guardian
 Cell Phone: _____ Home Phone: _____ Cell Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____

Reason for Ride-Along: _____

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

Granting of permission is contingent upon the review of this request by the appropriate Officer(s) of the Goochland County Department of Fire-Rescue & Emergency Services. If the Officer is a parent or guardian of the minor, the next highest ranking Officer or Board member must authorize the participation. 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

Approved Denied _____
 Fire Chief Approval Signature Date

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

MINOR RELEASE FOR RIDE-ALONG

WHEREAS, I/WE, the undersigned parent(s)/legal guardian(s) of _____ {hereinafter called the "minor"} have requested that the Goochland County Department of Fire-Rescue & Emergency Services {hereinafter called the "Department"} for the minor's own personal benefit, grant the minor permission to ride in emergency response vehicles and attend emergency incidents that may require response.

NOW, THEREFORE, BE IT KNOWN THAT I/WE, the undersigned, am/are the parent(s)/guardian(s) of the minor, who is under the age of eighteen (18) years, and for and in consideration of the permission granted by the Department to the minor 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 the Department, do hereby assume any and all risks and liability for damages, losses, expenses, property damage, personal injuries, or death which I/we and the minor might suffer or sustain, 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, and do hereby, for myself/ourselves and minor, our heirs, executors and administrators, or other persons claiming under or through me/us and minor, hereby release and forever quit-claim and discharge the Department and the Government of Goochland County, and its or their elected and appointed officials, officers, agents or employees, from any claim that I/we and minor, our heirs, executors, of administrators, or other persons claiming under or through me/us and minor, have, or can or might have, as a result of any losses, damages, expenses, property damage, personal injuries, or death which I/we and minor, or any persons who so ever claiming under or through minor and me/us, 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, 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 elected and appointed officials, officers, agents and employees, or are otherwise caused. I also certify that the above named minor is covered by a health insurance policy.

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 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.

 Parent/Legal Guardian Signature Date Parent/Legal Guardian Signature Date Minor Participant's Signature Date

COMMONWEALTH OF VIRGINIA, County of Goochland to-wit:

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

by _____.

Notary Public: _____ My Commission Expires: _____