

Addison Fire Explorer Post #343 Ride - Along Waiver

I, _____ (Name), residing at _____
_____ (Address and City), County of _____, State of Illinois

Hereby agree to the following terms with respect to the Addison Fire District allowing me to ride in a fire apparatus as an observer:

- That I have received, read, and understand the Ride - Along Policy as written in the Addison Fire Explorer Post SOGs.
- I am under the direct supervision of the Company Officer or his/her designee during my tour, and shall follow all orders during this time.
- I shall not hinder any operation or place others or myself in any danger at any time.
- I do hereby absolve and hold harmless, the Addison Fire Protection District#1, Village of Addison, County of DuPage, Boy Scouts of America and their officers, employees, or agents, either Civil or Appointed, from any responsibility from any and all claims which may be made against the above mentioned persons by myself, my family, or my estate in the event of any and all injuries, personal property loss, damages or upon my death sustained while riding in, on, or near any apparatus, while training or visiting any Fire District installation and it's premises, or while attending any incident with the Addison Fire Protection District.

Signature: _____ Date: _____

WAIVER AND CONSENT OF PARENT/GUARDIAN (Must be completed if under 18 years of age)

I, the parent of _____, have read and understand the above waiver and release. I consent to same and hereby waive any claim of any damage of any nature against the Addison Fire District; it's officers, agents, or employees, arising from the activities described herein.

Parent/Guardian: _____ Relationship: _____

Printed Name: _____ Date: _____

All waivers are valid for 1 year from the date signed. Expired waivers are considered null and void and Explorers will not be able to Ride-Along until a new waiver is executed.

Received by: _____ Title: _____

Date: _____