



OCEAN CITY VOLUNTEER FIRE COMPANY, INC.

RIDE-ALONG / OBSERVER PROGRAM RELEASE FORM

In consideration of my receiving permission from the Ocean City Volunteer Fire Company, Inc. to enter upon the premises of any fire station or related entity, any other premises owned and/or operated and/or used by any fire station within Ocean City, Maryland, and in further consideration of receiving permission to participate in a ride-along / observer program, wherein I will be riding in, on or upon fire company vehicles or using other apparatus, the undersigned hereby releases the Ocean City Volunteer Fire Company, Inc. and any and all agents, officers, servants, employees, attorneys, or other representatives of the foregoing from any and all liability, claims, demands, actions, and causes of actions, whatsoever, arising out of or related to any loss, property damage, physical injury, contagious disease, or death that may be sustained by me while in, on, or upon any premises, vehicles, or apparatus owned, occupied, or used by the foregoing, or which may be sustained by me while at the scene of any real or apparent emergency situation requiring a response of the Ocean City Volunteer Fire Company, or while commuting to and from the fire station(s) and other points.

I hereby certify that I am duly aware of the risks and hazards, including serious physical injury or death, inherent, upon participating in the ride-along / observer program, that such risks and hazards may exist even in non-emergency situations, and being duly aware of such risks and hazards, I hereby elect, voluntarily, to participate in the ride-along / observer program. I hereby assume all risks of loss, damage, and/or injury including death, that may be sustained by me or by any of my property while participate in the ride-along / observer program.

This release shall be binding upon my relatives, spouse, heirs, distributes, next of kin, executors, administrators, and any other interested parties.

In signing this release, I hereby acknowledge and represent:

- (a) that I have read this release, understand it, and sign it voluntarily;
- (b) that I am over the age of eighteen (18) years of age and that I am of sound mind and of sound physical health;
- (c) that I am not an agent, servant, or employee of the Ocean City Volunteer Fire Company;
- (d) that any injuries or other damages suffered by me will not be compensable by Worker's Compensation or any other insurance program maintained by the Ocean City Volunteer Fire Company, Inc.;
- (e) that I must ride out of the Fire Headquarters building only;
- (f) that I must be in full turnout gear at all emergency incidents;
- (g) that I have the permission of the Duty Fire Chief, and Duty Officer;
- (h) that I will obey all orders given by any Officer of the Fire Company;
- (i) that I can only perform exterior firefighting operations;
- (j) that I have proof of training or qualification equivalent to the Maryland Firefighter I certification;
- (k) that I must wear a visitor pass tag at all times; and
- (l) that I may only ride when there is room, volunteers come first.

I also agree to adhere to the following guidelines:

- (1) I will abide by any and all applicable rules and regulations of the Ocean City Volunteer Fire Company, Inc.
- (2) I will not attempt to ride, or use, or attempt to use and Fire Company vehicle or apparatus until such time as a duly authorized officer has reviewed with me the procedures for riding or using the same.
- (3) I also agree that I have no physical or mental handicaps that may affect me during my participation in this program or which may be aggravated by my participation in this program, except for the following:

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Despite the Fire Company's knowledge of this disability or defect, I agree that their continuing grant of permission for me to participate in this program shall not subject them to any liability.

- (4) I also authorize and instruct the Ocean City Volunteer Fire Company, Inc. or their authorized representatives to notify the following person in case of any incident which I am involved while participating in this program or while I am commuting to and from the fire station(s) or other points.

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Name	Relationship		
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Address	City	State	Zip
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Telephone			

- (5) I have not been denied membership in the Ocean City Volunteer Fire Company, Inc. for criminal record, background investigation, or medical reasons.
- (6) If I have been denied membership in another fire/rescue organization outside of the Ocean City Volunteer Fire Company, Inc., said reason(s) will be disclosed upon request to the Ocean City Volunteer Fire Company, Inc.'s authorized representative.
- (7) Should I be a bona fide member of a fire and/or rescue association or department I will disclose the name of such organization:

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Name of Organization

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Address

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Telephone	President / Chief Officer
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- (8) Upon request, a medical waiver statement from a physician must be submitted to substantiate fitness to perform in a ride-along / observer status on the scene of emergency operations.

This release form shall become permanent record of the Ocean City Volunteer Fire Company, Inc.

Expected Ride-Along / Observer Dates:

\_\_\_\_\_ to \_\_\_\_\_

At the end of this period, a new release form must be obtained.

\_\_\_\_\_  
Signature Printed Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Telephone Work Telephone Date of Birth

\_\_\_\_\_  
Name of Witness (Line Officer / Administrative Officer of the OCVFC)

\_\_\_\_\_  
Officer (Rank) Date

Approved by:

\_\_\_\_\_  
Duty Fire Chief Date