



Ride Along Application and Release

Cimarron Hills Fire Protection District

A Community Centered Family Department

PLEASE COMPLETE IN FULL

I (full name) _____ attest that I am over the age of 18, and I hereby request permission to ride as an observer accompanying the Cimarron Hills Fire Department (CHFD). I authorize CHFD to conduct a CBI/NCIC background check prior to approval. A copy of my current driver's license or State issued ID is attached.

Date of Birth: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____

Primary Phone: _____ Email: _____

Current Employer: _____ Position: _____

Reason for Ride along:

Have you participated in a ride-along with CHFD before and, if so, when? _____

Applicant's Authorization and Release of Liability

I agree to abide by the instructions provided by the Company Officer or designee. I understand no photos, video or audio recordings are permitted without express advanced permission of the Fire Chief. Ride-along approval will be valid up to one year and may be revoked at any time as deemed necessary by CHFD Administration.

I hereby release the Cimarron Hills Fire Protection District, its servants, agents, and assignments, from any liability or responsibility for any bodily injury or damage to my property while participating in the above activity, and I agree to follow any lawful direction given to me by members of the Cimarron Hills Fire Department during this period.

Applicant Signature: _____ Date: _____

In case of an emergency, the following individual is to be notified:

Name: _____ Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Upon approval, applicant will be contacted to schedule a ride-along at an available date as determined by the Training Division.

FOR OFFICE USE ONLY:

Chief Officer: _____ Date: _____
Printed Signature

RIDER APPROVED FOR FUTURE RIDE-ALONG: Approved Denied