



Howard County Department of Fire and Rescue Services



RIDE-ALONG WAIVER

In consideration of the Howard County Department of Fire and Rescue Services granting permission to enter in or upon any premises or vehicles which are under its actual or constructive possession or control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of Howard County, Maryland, its officers, agents and employees. I recognize that entry into and upon premises and vehicles associated with fire suppression and emergency medical services involve numerous risks to my person and property, and that it is impractical and impossible to identify each risk with specificity. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive all notice of the existence of such conditions.

Dated this _____ day of _____ 20__

Signed: _____

Witnessed: _____

I consent to participation in
the ride-along program:

(signature of parent or legal guardian if
applicant is under 18 years of age)

****DEPARTMENTAL USE****

Received: _____
(Battalion Chief Signature)

Date: ____/____/____

[A copy of applicant's drivers license, or other, shall be attached to this waiver to verify proof of age. If applicant is under age 18, a copy of license of parent or legal guardian is required.]