



CITY OF LETHBRIDGE FIRE DEPARTMENT
- WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT -

PLEASE READ CAREFULLY: BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING YOUR RIGHT TO SUE

WHEREAS the Undersigned, not being a member of the City of Lethbridge, its officers, officials, agents, representatives, employees and volunteers, which includes the Fire Department, AND will be hereinafter referred to as "the Service", has requested permission to:

- 1) ride in vehicles owned by or being used by members of the Service in active duty for the purpose of:
a) participating in student practicum activities, or
b) acting as an observer with the City of Lethbridge Fire Department; or

2) participate in training offered by the Service
to wit: on the ___ day of ___ to the ___ day of ___ 20__.

AND WHEREAS the Undersigned acknowledges that the work and activities of the said The Service may be, or become dangerous.

IT IS FURTHER UNDERSTOOD that the said activities could become physically strenuous, AND I hereby declare that to the best of my knowledge I currently possess a level of physical fitness sufficient to ensure safe participation in such activities.

IN CONSIDERATION OF THE SERVICE accepting my request for participation in the program, I agree to this Release of Claims, Waiver of Liability, Assumption of Risks and Indemnity Agreement (collectively "this Agreement").

IT IS FURTHER UNDERSTOOD AND AGREED that I will, at all times, follow the orders or directions of the members of The Service with who I am placed.

I DECLARE THAT IN PARTICIPATING in any activity or service performed by The Service, I waive any claims I may have against the Service and release the Service from all liability for injury, death, property damage or loss sustained by me as a result of my participation in such activity, due to any cause whatsoever including, without limitation, negligence on the part of The Service, or any of their agents, officials, servants, or representatives.

IT IS FURTHER UNDERSTOOD AND AGREED that I will maintain confidentiality and will not disclose to anyone outside the Service, any information which I may possess through observation of the operations of the Service without authorization from the Fire Chief of The Service or his designate.

RIDE ALONG-WORK EXPERIENCE-COURSES
I ACKNOWLEDGE that the said activities may involve risks and dangers associated with the use of motor vehicles and the interaction with persons in various states and conditions. Ambulance Ride-a-Longs involve additional risks and dangers, some of which include high speed transport, extreme weather conditions, irrational persons, disease and situations where weapons may be involved.

MEDIA PERSONNEL
IT IS FURTHER UNDERSTOOD AND AGREED that the Undersigned does declare that prior to seeking publication of any article or other material containing information of which he/she may become possessed through observation of the operations of The Service, he/she will submit same for review by the Fire Chief of the City of Lethbridge or his designate.

The terms of this agreement shall be binding and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE SERVICE. I acknowledge that

[Initial] I have read this agreement, [Initial] understand its terms, and am signing same of my own free will and volition.

IN WITNESS WHEREOF the Undersigned has hereunto set his/her hand this ___ day ___, 20__

SIGNED, IN THE PRESENCE OF:

Witness (Print Name)

Student/Observer (Signature)

Witness (Signature)

COMPLETE THE FOLLOWING: NAME _____

EMERGENCY CONTACT NAME/PHONE _____

ADDRESS _____ PHONE _____

ZONE OF RIDE (if applicable) _____

REASON _____ ORGANIZATION _____