

**RIDE-ALONG PROGRAM PARTICIPANT
HOLD HARMLESS/RELEASE AGREEMENT**

In consideration of the _____ ("District") authorization for my participation in the Ride-Along Program ("Program") and for other good and valuable consideration, I, _____ ("Participant"), hereby grant the following waivers and releases of liability to the District.

I am an adult and I am voluntarily participating in the Ride-Along Program at the _____. As a Participant in the Program, I have made a request to be on District property and to ride in a vehicle assigned, leased, owned, operated, or otherwise in use by the District. As a Participant in the Program, I may have an opportunity to accompany District personnel during the performance of their official duties for the purpose of observing, training, and/or providing supervised patient care.

I understand that riding in an Emergency vehicle or any other vehicle assigned, leased, owned, or operated by the District is an inherently dangerous activity which may suddenly place me as a rider in circumstances that are beyond the control of the District and its personnel. I do hereby agree to participate in the Program at my own sole risk and at no risk to the District and I do hereby agree to assume the sole responsibility for all of the risks and dangers associated with my participation in the Program activities, including but not limited to: damage to my property and/or my personal injury, including death, which may occur as a result of motor vehicle collisions on either public streets or private property; damage to my property and/or my personal injury, including death, which may occur as a result of an altercation/assault, or any other acts associated with District activity; damage to my property and/or my personal injury, including death, which may occur as the result of the acts of third parties whether caused by errors, omissions, or negligent acts of said third parties; damage to my property and/or my personal injury, including death, which may occur as a result of my own activities, errors, omissions, or negligent acts; or, damage to my property and/or my personal injury, including death, which may occur as a result of any other causes or acts, whatsoever.

I understand and agree that I am not an employee of the District while I am participating in the Program and I have not acquired any employee rights from the District as the result of my participation in the Program. Further, I understand that I do not have any direct contractual relationship with the District and the District does not owe me any duties, contractual or otherwise, as a result of my participation in the Program.

I agree that I will not look to the District for any claim or recovery in the event I suffer any property damage and/or personal injury, including death, as a result of my participation in the Program. In addition to all of the above, I, for myself and my heirs, executors, administrators and

assigns, hereby waive and release any and all rights and claims for damages, including but not limited to, property damage, and/or personal injury, including death, which I may have against the District, as well as any other person connected with the District, including the District's employees, agents, or elected officials, for any and all injuries or damages which I may suffer while taking part in the Program or as a result thereof.

Signature: _____

Date: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____

Emergency Contact Name: _____

Phone: _____

E-Mail Address: _____

Driver's License No: _____

STATE OF FLORIDA COUNTY OF

The foregoing instrument was sworn to and acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Sign: _____

Notary Public Print: _____