



Margate Fire Department

PROUDLY SERVING THE RESIDENTS AND VISITORS OF
THE CITY OF MARGATE
ISO Class 1 Fire Department



LIABILITY HOLD HARMLESS AND INDEMNIFICATION RIDE ALONG AGREEMENT

DESCRIPTION OF ACTIVITY: Accompany members of the City of Margate Fire Department during the performance of their official duties while on Duty.

MINOR'S NAME: _____ TELEPHONE # _____

ADDRESS _____ CITY _____ ZIP _____

BIRTH DATE _____ SCHOOL _____

PARENT/LEGAL GUARDIAN'S NAME _____

HOME TELEPHONE # _____ WORK TELEPHONE # _____

EMERGENCY CONTACT _____ HOME # _____ WORK # _____

PHYSICIAN'S NAME _____ PHONE NO. _____

I, the undersigned parent or legal guardian of the minor, whose name appears above, consent and agree that the above named minor may participate in the above-described activity. The undersigned further agrees that the City of Margate Fire Department and the City of Margate and their officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of such participation in the above described activity, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in said activity.

Further, the undersigned WAIVES ANY CLAIM against the City of Margate Fire Department and the City of Margate and their officers, agents and employees arising from loss, injury or damage and does COVENANT NOT TO SUE the City of Margate Fire Department and the City of Margate and their officers, agents and employees.

Further, the undersigned agrees to RELEASE, INDEMNIFY, AND HOLD HARMLESS the City of Margate Fire Department, the City of Margate, and their officers, agents and employees from



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any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Margate Fire Department and the City of Margate relating to such loss, injury or damage. The undersigned understands that the City of Margate Fire Department is an emergency operation, and agrees to refrain from interfering with said operations at all times.

I hereby give permission for the City of Margate Fire Department and the City of Margate, and their officers, agents and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury, although I understand that the City of Margate Fire Department and the City of Margate and their officers, agents and employees assume no responsibility to do so.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns. The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

WITNESS SIGNATURE

DATE

TELEPHONE #

PRINT PARENT/GUARDIAN NAME

ADDRESS (CITY, STATE, ZIP CODE)

SIGNATURE PARENT/GUARDIAN