



King County Fire District #20

P: (206) 772-1430
F: (206)772-6095
E: kcf20admin@kcf20.org

RIDER WAIVER

TO OBSERVE KING COUNTY FIRE DISTRICT #20

EMERGENCY OPERATIONS

For and in consideration of permission granted to the undersigned by King County Fire District #20 to **OBSERVE** Fire Department emergency operations and to be a passenger in a fire vehicle and the District relying materially thereon in the granting of such permission, I agree to **RELEASE, HOLD HARMLESS, INDEMNIFY and DEFEND** the District and its elected and appointed officers, employees and agents from any and all liability or claims of liability, of any nature, which might arise out of my observation experience, or which might arise out of my conduct during my observation experience, including, without limitation, any physical injury that might occur during such observation experience, or the disclosure of any information by me which might be obtained during such observation experience without cost to the District, its elected and appointed officers, employees and agents, or to reimburse them for the cost of defense against any such claims, and to indemnify them fully against any and all liability or costs of defense described above.

To promote the professionalism of King County Fire District #20, we require that all visitors observe the following rules:

1.	Acceptable attire and wear a King County Fire District #20 VEST.	Int.
2.	Seat belts are provided for your safety and required during travel in a King County Fire District#20 vehicle.	Int.
3.	Observers shall respect the privacy of all persons involved in any incident they witness. Discussion of any patient information is prohibited.	Int.
4.	No photographs of patient's situations shall be permitted without authorization of the FireChief. We encourage the taking of photographs of our apparatus and personnel in non- emergency situations.	Int.

I agree to assume all risks to such participation, use or visit, and agree that King County Fire District #20, its elected officials, officers, volunteers, and employees will not be held responsible for any injuries or illness, to my person whatsoever during my participation, use or visit or relating thereto.

***Riders must show proof of COVID-19 vaccination to ride along on Emergency calls.**

Name: _____

Dated: _____

Signed: _____

Rider's Signature

Print Name: _____

If I am signing this liability waiver and release on behalf of a minor (**less than 18 years of age**)(the **“child”**): I represent that I am the parent and/or legal guardian of such child; I accept responsibility for all the child’s medical expenses incurred in connection with participation in the program; I agree to indemnify the released parties for any and all claims whatsoever brought by the child; and I agree to indemnify the released parties for any and all claims whatsoever brought by a third party arising out of the child’s conduct.

Dated: _____ *Parent or Legal Guardian; _____

Authorization:

Signed: _____
Officer’s Signature

Dated: _____ Print Name: _____