

SOUTH DAVIS METRO FIRE SERVICE AREA

RIDE ALONG PROGRAM

The South Davis Metro Fire Service Area(SDMFSA) Ride Along program is designed to provide an opportunity for students, members of the medical community and on a limited basis members of the community to observe the dynamic field of Firefighting and Emergency Medical Services (EMS). This service is provided as a privilege at the discretion of the Fire Chief and/or their designees and may be revoked at any time and for any reason.

PROCEDURE FOR REQUESTING A RIDE ALONG

Upon completion return the following forms to SDMFA office at 255 South 100 West

Bountiful or email them to nthompson@sdmetrofire.gov

1. Application to the Ride Along Program.
2. Copy of current Drivers License or picture identification.
3. Acknowledgement of Ride Along Program guidelines.
4. Signed Acknowledgement and Agreement to Abide by Program Guidelines.
 - Minors, less than 18 years old must have the legal guardian release signed.
 - Minor Students affiliated with a school program must have the Affiliated Organization Acknowledgement signed.

*****You must be enrolled in a clinical program to participate in a ride-along and NOT currently seeking employment with SDMFA *****

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RIDE ALONG PROGRAM GUIDELINES

1. At all times, Ride Along participants shall be under the control of the station captain. Failure to follow the directions of the station captain shall result in the removal of the privilege to participate as a Ride Along.
2. Ride Along participants are reminded that they are riding along only as an observer. Standard procedures for blood borne pathogens are in effect. If you have questions or concerns, ask. If at any time the station captain or senior crew member determines that an emergency scene is unsafe or inappropriate for the Ride Along to observe you may be asked to remain in the fire department vehicle.
3. During your Ride Along you will be exposed to many things that are confidential in nature. These may include but are not limited to, a patient's health information, insurance and billing information, and identifying information from emergency scenes. Divulgence of such information is strictly prohibited and can result in civil and/or criminal penalties.
4. Photographs will not be permitted while participating in the Ride Along Program.
5. As a Ride Along participant you may be required to appear in court to give testimony of events witnessed on an emergency scene.
6. Appropriate dress for your Ride Along shall include:
 - Clean and neat pants, black or dark blue (NO jeans).
 - Button up or polo type shirt. Shirts with pictures, logos, or advertisements are not appropriate for your ride along.
 - Closed-toed shoes or boots.
7. While at the station, Ride Along participants shall not be allowed into the dormitory areas of the station unless escorted by a member of the crew.
8. Under no circumstances shall a Ride Along participant be permitted to enter a building that is on fire until such time as the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire department personnel shall directly supervise such entry.
9. At all times while in SDMFSFA vehicles, Ride Along participants shall wear seat belts.

By signing below I agree to abide by the program guidelines and policies.

Signature of Participant:_____Date:_____



South Davis Metro Fire

Ride-Along Policy and Liability Release Form

I, _____ (Printed Rider Name), in consideration of being permitted to participate in the South Davis Metro Fire Agency Ride-Along Program, do hereby agree to hold harmless Metro, its agents, and employees from any injury (including injury resulting in death) to my person or property resulting from or arising out of my riding or participating with Metro, its agents, or employees in any activity or function of the South Davis Metro Fire Agency.

I understand that the nature of services provided by the South Davis Metro Fire Agency is to respond to emergency situations. I further understand that emergency situations may present circumstances of exposure to personal injury while traveling to the emergency and while at the emergency presented. Such situations may present a risk of injury to myself for which I knowingly and willingly assume as a condition of participating in the ride-along program.

I further agree to defend and indemnify South Davis Metro Fire Agency, its agents, and employees against any and all actions or claims that may arise by reason of my actual or claimed negligent act or omission while participating in any activity or function of South Davis Metro Fire Agency. I acknowledge that I have read and understand the Ride-Along Policy printed on the back of this release and agree to abide by this policy. (Initial on the back.)

I hereby represent that I have carefully read this document, that I understand it, and that I sign it of my own free will.

Dated this _____ **day of** _____

Rider Signature: _____

Witness Signature: _____



South Davis Metro Fire

Ride-Along Policy and Liability Release Form

Rider Emergency Contact Information:

Address: _____ Name: _____

Telephone #: _____ Relationship: _____

Date of Birth: _____ Address: _____

Family Physician: _____ Telephone #: _____

Parent or Guardian's Consent

I/We the undersigned represent the I/We are the legally appointed natural guardian(s) of the named person who is under the age of eighteen (18) years, that they have signed the release of liability with our full knowledge and consent; and that we join in the execution of the same and agree to the terms in the release and agree to the same terms and provisions for my/our heirs, executors, personal representatives, and assigns.

Name: _____ Signature: _____

Name: _____ Signature: _____

Address (if different from above): _____

South Davis Metro Fire Agency allows interested citizens, 16 years of age or older, to ride as observers for the purpose of educational development, and promote a better understand and cooperation between the community and our firefighters.

Ride-Along times will only be scheduled on weekdays in 12 hour blocks from 0800-2000 hours. And must be scheduled 48 hours in advance of when the rider wishes to participate. Participants in this program are assigned to a station officer and may be delegated to personnel on specific apparatus. After a brief orientation at the fire station, the observer will be allowed to ride with the station members to incidents and other assignments. There are certain incidents, however, that can be potentially dangerous or inappropriate. In these situations, at the discretion of the station officer, the observer may be required to remain at the fire department vehicle or will be let out at a safe location prior to arrival. Arrangements for transportation back to the station will be made by the fire department and will be performed in a timely manner. The decision to terminate the ride-along at any time will be made by the Station Officer, Battalion Chief or the Operations Deputy Chief.

Hair styles, sideburns, facial hair, and jewelry outside of the socially accepted norm are strongly discouraged, and, at the discretion of the station officer, may be found unacceptable. Riders shall wear dark pants, white collared shirt and dark shoes. Riders shall wear protective equipment when appropriate and as directed. Riders from other agencies may wear their agency uniform.

Riders must always remain in the company of a member of the South Davis Metro Fire Agency unless directed otherwise by the Station Officer, Battalion Chief to remain on the apparatus.

(Initialed by Rider): _____

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RIDE ALONG PROGRAM

HOLD HARMLESS AND WAIVER

In consideration of the South Davis Metro Fire Service Area (SDMFSA) allowing _____ to participate in the Ride Along Program (the “Program”):

I, _____, being of at least eighteen years of age, hereby acknowledge and agree to the following:

OR

I, _____ the parent or legal guardian of _____, do hereby acknowledge and agree to the following:

1. The Ride Along Program is an opportunity to participate as an observer with SDMFSA fire and medical personnel at SDMFSA facilities or in SDMFSA emergency response vehicles during normal shift periods and fire and emergency responses. I understand that SDMFSA fire and medical responses inherently involve elements of risk not normally present in daily activities. Such risks include but are not limited to high-speed vehicle response, the presence of blood borne pathogens, emotional trauma and/or the exposure to physical injury or death. While SDMFSA personnel will use reasonable care supervising my participation with SDMFSA forces in SDMFSA activities, SDMFSA is not capable of completely controlling or removing the risks inherent in its activities for the Ride Along Participants nor the Participants’ response to such risks.
2. As a Participant, I will be under the control and supervision of the Station Captain and Senior Crew members. In addition, I will be subject to the Ride Along Program Guidelines that have been developed for the Program. I affirm that I have previously reviewed those Guidelines and agree to abide by them.

Having reviewed the above, I, on my own behalf or on behalf of the above named minor, hereby acknowledge that I have read the above and understood the risks inherent in the Ride Along Program and request to participate in the Ride Along Program. I further agree to comply with all

directives of SDMFSA staff and the Ride Along Program Guidelines. I agree to maintain the confidentiality of all such information to which I am exposed and to not make any recordings or take any photographs of matters observed during the Ride Along. I agree to abide by all confidentiality guidelines and requirements that have been explained to me.

In consideration of SDMFSA allowing participation in the Ride Along Program, I hereby voluntarily assume the risk or loss or damage that participation in the Ride Along Program reasonably involves and release SDMFSA, its officers and employees from any and all liability for injuries, losses or claims that may arise from participation in the Program.

DATED and EXECUTED this _____ day of _____, 20____.

SIGNATURE

NAME (print)