



PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMS DEPARTMENT



## RIDE-ALONG OBSERVER PROGRAM APPLICATION

FULL NAME:			
ETHNICITY:		DOB:	
ADDRESS:			
NAME OF SCHOOL OR EMPLOYER:			
HOME PHONE:		CELL PHONE:	
EMAIL:			
EMERGENCY CONTACT:			
HAVE YOU EVER PARTICIPATED IN THE RIDE-ALONG OBSERVER PROGRAM BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF SO, AT WHAT STATION?		HOW MANY TIMES?	
ARE YOU CURRENTLY UNDER A DOCTOR'S CARE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE YOU CURRENTLY TAKING ANY MEDICATIONS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
WHAT KIND OF MEDICATION?			
HAVE YOU READ AND UNDERSTOOD THE GENERAL RELEASE FORM?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
STATE THE REASON YOU WISH TO PARTICIPATE IN THE RIDE-ALONG OBSERVER PROGRAM:			
_____ Signature of Applicant		_____ Date	
_____ Signature of Parent/Guardian (if under age 18)		_____ Date	
_____ Signature of Volunteer Chief/Battalion Chief		_____ Date	
DATE OF RIDE: _____			
TIME PERIOD OF RIDE: _____			
OFFICE OF THE FIRE MARSHAL USE:			
APPROVED	<input type="checkbox"/>		
DENIED	<input type="checkbox"/>		

# GENERAL RELEASE

In consideration of the Prince George's County Fire/Emergency Medical Services (EMS) Department (hereinafter, "Fire/EMS") granting me permission to accompany a member of the Fire/EMS Department as an observer in the Ride-Along Observer Program, I hereby waive any and all risks and liability for damages, losses, personal injuries, or death which I might suffer, sustain, or cause while participating in the Ride-Along Observer Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the Prince George's County, Fire/EMS Department, officers, agents, or employees as a result of my voluntary participation in the Ride-Along Observer Program, and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and/or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees, and costs incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Ride-Along Observer Program and any instructions or orders issued by members of the Fire/EMS Department in connection with the Ride-Along Observer Program. I certify that I am aware of the potential risk involved in accompanying a Fire/EMS officer and/or employee during the performance of his/her duties.

**WAIVER AGREEMENT:** I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT** **DATE**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN** **DATE**  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Date

Valid for the following dates: \_\_\_\_\_