Ride Along Request Form

Spokane County Fire District 10 (SCFD10) has developed a Ride Along program that will allow citizens to observe the daily operations of the department. All observers will fill out a ride along request form and a release of liability form prior to riding on any apparatus. All observers must be at least 16 years old, and all applicants are subject to a background check prior to participating.

Observers are required to wear clean presentable clothing (long pants and t-shirt). Comfortable shoes should be worn.

Please fill out the following information. Upon completion, return this form to DC Steevens at asteevens@scfd10.org. Once approved, observer will be contacted to schedule the ride along.

Date of Request: ____________________________

Observer Name:___________________________________________________

Observer Address:__________________________ City:_____________ State: _____ Zip:_______

Observer Phone Number: ________________________ Observer Date of Birth:_______________________

Observer Driver’s License #: ________________________ State of Issuance: ________________

Have you Previously Been on a Ride Along: _____ If so, When? _________________________

Reason for Requested Ride Along (be specific): ____________________________________________

________________________________________________________________________________________

Have you ever been convicted of Felony: □ Yes □ No

How did you hear about our program?

________________________________________________________________________________________

Department Use Only

Approved: □ Yes □ No By: _______________________ Date Scheduled: _______________________

Duty Officer Notified: □ Yes □ No By: _______________________ Added to Aladtec: _______________
Declaration of Assumption of Risk and Release of Liability

Name: (please print clearly/legibly) __________________________________________________________

Address: _______________________________  City ____________________  State______  Zip ________

Phone Number: _____________________________________

The undersigned ___________________________ has made a voluntary request for permission to ride as a
guest or observer in a SCFD10 emergency vehicle at a time when such an emergency vehicle is operated and staff by a
member or members of said department during the active performance of their duties as fire/emergency medical
personnel.

The undersigned acknowledge that the work and activities of SCFD10 are inherently dangerous and involve possible risks of
injury, death, and damage or loss to person and property. The undersigned further understands said risks may arise from,
but are not limited to civil disturbances, explosions, vehicular collision, and the effects of wind, rain, fire, and gas; and I
freely and voluntarily assume all of said inherent risks, whether or not they are listed herein.

In consideration of receiving permission from Spokane County Fire District 10 to ride as an observer in emergency vehicles
owned and operated by the district during emergency calls, the undersigned hereby releases Spokane County Fire District
10, its commissioners, agents, officers and employees of and from any and all liability, claims, demands, actions and causes
of action arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned
or any property of the undersigned while in or on the premises of the district or in any emergency vehicle owned or
operated by the district. This release shall be binding on heirs and personal representatives of the undersigned.

The undersigned acknowledges that he/she has read the foregoing three paragraphs and is fully and completely aware of
the potential dangers incidental to participating in the program and is aware of the legal consequences of signing this
release of liability. Parental signature required for those participants who are under 18 years of age.

____________________  ______________________________  ______________________________
Observer’s Name Printed  Parent’s Name Printed  District Representative Name Printed
(required if under 18 years of age)

____________________  ______________________________  ______________________________
Observer’s Name Signed  Parent’s Name Signed  District Representative Name Signed
(required if under 18 years of age)

____________________  ______________________________  ______________________________
Date  Date  Date

R:\User Shared\Previous Employees\KFrancis\Admin & Office Files\Forms\Observer_Ride Along Release
Form_Revised 09182023.docx