



- Spokane County Fire District 10
- Station 10-1 ~ 929 S Garfield Road, Airway Heights WA 99001
- Station 10-2 ~ 5408 W Lawton Road, Spokane WA 99224
- Station 10-3 ~ 6316 N Dover Road, Spokane WA 99224
- Station 10-4 ~ 1411 S Brooks Road, Medical Lake WA 99022
- Station 10-5 ~ 9921 W Trails Road, Spokane WA 99224

## 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 Hanke at [jhanke@scfd10.org](mailto:jhanke@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: <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____ Date Scheduled: _____
Duty Officer Notified: <input type="checkbox"/> Yes <input type="checkbox"/> 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  
(required if under 18 years of age)

\_\_\_\_\_  
District Representative Name Printed

\_\_\_\_\_  
Observer's Name Signed

\_\_\_\_\_  
Parent's Name Signed  
(required if under 18 years of age)

\_\_\_\_\_  
District Representative Name Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date