



MINNEAPOLIS FIRE DEPARTMENT

Dr. Reginald Freeman, Fire Chief

Melanie Rucker, Assistant Fire Chief

Release of Liability

I understand that I am participating in the Minneapolis Fire Department's Ride-Along Program voluntarily and with full knowledge of the risks and inherent danger involved in participating in this program.

I understand that I will accompany Fire Department personnel to all fire runs, emergencies, and other official matters while I am participating in the Ride-Along Program.

I understand that the City of Minneapolis and the Minneapolis Fire Department are requiring me to waive any and all liability for any injury or damage that may occur to me or my property while participating, in any way, in the Ride-Along Program, including any injury occurring at any fire or emergency run, any other official business, at any Fire Station or any other City of Minneapolis property, or in any Fire Department or other City of Minneapolis vehicle, in exchange for and in consideration of the privilege of participating in the Ride-Along Program.

Based on my full understanding of all of the above-enumerated issues, I agree to release and hold harmless the City of Minneapolis and the Minneapolis Fire Department from any liability for any injury or damage to my person or any of my property that occurs while I am participating, in any way, in this Ride-Along Program. I agree that I fully understand all of the inherent dangers and risks associated with participating in this Ride-Along Program, and it is my intention to fully release the City of Minneapolis and the Minneapolis Fire Department from any liability whatsoever associated with my participation in this program.

I also agree that this release forecloses and invalidates any potential claims brought by any member of my family, heirs, executor, administrator, or any other personal representative that may make any claim on my behalf.

Signature: _____ Date: _____

Printed Name: _____

State of _____ County of _____

Subscribed and sworn to before me on this _____ day of _____, 20____

by _____.

(Signature of Notarial Officer)

My commission expires: _____

(Seal, if any)