



SACRAMENTO METROPOLITAN FIRE DISTRICT PEACE OFFICER RIDE-ALONG AGREEMENT, RELEASE OF LIABILITY & AUTHORIZATION TO RUN CRIMINAL BACKGROUND CHECK

Email completed and signed form to CRRDStaff@metrofire.ca.gov

Print Name	Phone No.
Address	Date of Birth
State & Zip	CA Driver's License No.

In consideration of the risk of injury while being permitted to ride in a Sacramento Metropolitan Fire District, herein referred to as Metro Fire, vehicle in a ride along program, and as consideration for the right to participate in that activity, I hereby, for myself, my heirs, executors, administrators, assigns or personal representatives, knowingly and voluntarily enter into this Waiver and Release of Liability and hereby waive any and all rights, claims, or causes of action of any kind whatsoever arising out of my participation in this activity. I do hereby release and forever discharge Metro Fire, their affiliates, managers, members, agents, attorneys, staff, board members, successors, and the assigns, from any physical or psychological injury, including but not limited to illness, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned activity, including traveling to and from an event related to this activity.

I understand that there is a potential risk for exposure to bloodborne pathogens or Airborne/Droplet diseases when participating in an observation program in the Peace Officer/fire/rescue/EMS work environment. I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered. Should I become exposed to blood or other potentially infectious materials, I will be advised by Metro Fire to seek medical attention at the location specified in their Exposure Control Plan. I understand that Metro Fire is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling. I also understand that I may not discuss or share information regarding patients or the care they received. This is considered confidential information.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM, AS WELL AS PARTICIPATING IN THE ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, ECONOMIC INJURIES, EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATIONS. NEVERTHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

Initials____ I have no symptoms and have not been sick in the last 48 hours

Initials____ I have tested negative of Covid within 24 hours of my scheduled ride-along

Initials____ I will have a disposable procedure mask (surgical mask) with multiple layers of non-woven material and a nose wire for my ride-along

Initials____ I consent to the Sacramento Metropolitan Fire District running a criminal background check on me prior to me participating in the ride-along

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability and consent to perform a criminal background check.

Signature	Date
Emergency Contact Name	Emergency Contact Phone No.

Ride-Along Clothing Requirements

Participants shall wear neat, clean, and appropriate clothing that projects a professional image. Shorts, sweats, tank tops, halter tops, jeans, or clothing faded, torn, soiled or that displays offensive language or symbols are not allowed. Open-toe shoes, high heels and sandals are not allowed. The Supervising Investigator or on-duty Fire Investigator may refuse a ride along to anyone not properly dressed. **A ride-along tag must be worn at all times.**

COMPANY OFFICER USE ONLY

Name	Employee ID	Station/Shift
Date	Time In	Time Out