



SOUTH METRO FIRE RESCUE AUTHORITY

Revised 01/06/09

RIDE-ALONG AUTHORIZATION

WAIVER, RELEASE, COVENANT NOT TO SUE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. READ IT BEFORE SIGNING. IF YOU DO NOT UNDERSTAND ANY PART, PLEASE CONSULT YOUR ATTORNEY.

In consideration for permission allowing the undersigned to participate in the South Metro Fire Rescue Authority Observer Program and/or Rescue Ride-Along Program ("Participation") by signing this **WAIVER, RELEASE, COVENANT NOT TO SUE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT ("Agreement")** the undersigned warrants that I am over 18 years of age, and for myself, my spouse, my minor children, and my heirs, legal representatives executors and assigns, **hereby waive, release and covenant not to sue** the following entities and Person:

South Metro Fire Rescue Authority, and each of their officers, directors, commissioners, managers, employees, agents, drivers, equipment operators, representatives, consultants, lessees, subcontractors, successors and assigns (collectively, the "Releases").

I, for myself, my heirs, legal representatives, executors and assigns, **shall indemnify, hold harmless and defend** the Releases from any and all liability, claims, demands, actions, or causes of action (including without limitation attorney's fees, costs, and expenses incurred as a result thereof) ("Claims"), arising out of or in any way related to any physical or property damages, losses, or injuries occurring during or manifesting after my Participation, or in any way connected with or arising from my Participation, including such Claims as may result from the negligence of the Releases.

I understand and recognize that there are specific risks of physical or property damages, losses, injury or even death that may result from my Participation or presence during the Observer Program and/or Rescue Ride-Along Program. I voluntarily assume the risks associated with such Participation or presence, and forever waive any and all Claims that might have arisen against Releasees but for this Agreement, release them from same, and covenant not to sue them for same.

This waiver, Release, Covenant Not to Sue, Hold Harmless and Indemnification Agreement is effective immediately and shall survive the termination of my Participation. In the event of litigation the undersigned agrees to file any complaints with the District Court, County of Arapahoe, State of Colorado.

I have read and understood this **Waiver, Release, Covenant Not To Sue, Hold Harmless and Indemnification Agreement**. I execute it voluntarily and with full knowledge of its significance.

I hereby certify that all information that I have provided herein is true.

Participant Name (Please Print) Signature Age Phone # Date

Emergency Contact Name Phone Number

Station Commander Signature Date