


University Fire Department
Standard Operating Procedure

APPROVED: 
DATE: 2-15-13

SUBJECT: Ride-Along Program

PURPOSE: To establish the necessary criteria to limit exposure to liability while providing procedures for authorizing civilians to ride in University Fire Department vehicles. Only persons with written authorization will be allowed to participate in the ride-along program. This allows interested citizens and prospective students to ride as observers with fire department personnel for legitimate civic or educational reasons. The program also allows the participating party to see firsthand the role of a firefighter and/or medic and the importance of the profession to the community.

PROCEDURAL GUIDELINE:

1. Eligible Participants:

- a. All persons wishing to participate in the ride-along program must be pre-approved by the Fire Chief, Assistant Chief or on duty Battalion Chief.
- b. Participants must be 16 years of age or older.

2. Approval and Assignment Process:

- a. All requests for participation in the ride-along program must be referred to the Fire Department Administration office as far in advance as possible, preferably 14 days.
- b. All persons desiring to participate in the program must complete the Ride-Along Agreement and Ride-Along Waiver/Release form. The forms shall be submitted to the Fire Department Administration office. All Ride-Along activities are subject to cancellation with no advance notice due to daily shift activities, available personnel, etc.
- c. The participant will be instructed when and where to report. The assigned Officer shall be notified of the ride-along. The Officer shall be responsible for the placement of the participant.

- d. Every effort should be made to avoid delay, and the participant should begin the ride-along as near as possible to the scheduled time.

3. Participants Restrictions:

- a. Applicants shall be limited to a maximum 12-hour tour, a standard tour shall be between the hours of 7am and 7pm. Participants who desire to ride for a longer duration must make a specific request to the Fire Chief. These requests will be carefully screened before waiving this limitation.
 - i. University sponsored Internships shall not be subject to this policy. All Internships will be governed by policies set forth under their specific program requirements.
- b. Ride-along participants for EMS or Fire Incidents shall be considered an observer only, and shall be under the direct supervision of the Officer, or designee, during the ride-along. Additionally an EMS Ride-Along must have documented Blood Borne Pathogens training and receive a department specific briefing. Participants shall be instructed to remain in the fire apparatus at all times except when authorized to leave by the Officer.
- c. Participants shall wear seat belts, in accordance with department policy.
- d. The assigned Officer, or designee, shall take reasonable care to prevent the participant from becoming physically involved in or assisting in emergency situations.
- e. If the Officer, or designee, receives a potentially hazardous call or realizes that they may become immediately involved in a potentially hazardous situation, the observer should be instructed to remain in the apparatus. It is acceptable to leave the individual at a safe location until the call has ended.
- f. At no time shall a participant become involved in assisting during an event of physical violence from another person. The participant has the right to use fire department communication devices to contact Fire Dispatch for the purpose of requesting assistance.
- g. No ride-along participant shall be allowed to carry any weapons during the ride-along, regardless of any weapons permits or licenses they may possess.
- h. At no time will a rider be permitted to take pictures, use a video camera or any other audio-visual recording device while participating in the Ride-Along Program. Requests for a media ride-along will be dealt with separately through the Administrative office.

4. Dress Requirements:

- a. Participants shall be appropriately dressed when reporting for the ride-along assignment. The Officer shall deny participation to any person reports for the ride-along in a condition that would compromise the safety or best interest of the department, the assigned shift, or the participant.
 - i. Department uniform items shall not be issued to Ride-Along Program participants.

AGREEMENT FOR PARTICIPATION IN UNIVERSITY OF ALASKA ACTIVITY

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, AGREEMENT TO RELEASE ALL CLAIMS AND AGREEMENT TO INDEMNIFY THE UNIVERSITY OF ALASKA

I, (print name) _____ want to participate in riding along at the University Fire Department.

PLEASE READ CAREFULLY & SIGN BELOW (Required for participation)

1. **Inherent Risks** - I understand and acknowledge that there are **known, unknown, and unanticipated risks and dangers that are qualities of these activities that cannot be eliminated**. These are often called “**inherent risks**” and will be referred to this way in this document. Some of the activities that I may be participating in:

Participant will be involved in some if not all of the following activities: fire apparatus daily and weekly checks, washing and sweeping bay floors, washing and detailing fire apparatus, washing fire hose, hanging fire hose to dry, cleaning work tools and servicing equipment after a fire, loading fire hose, pulling fire hose, flowing water from a fire hose, tying knots, training on ladders, classroom training, and responding to emergency scenes with the Battalion Chief as an observer.

Potential injuries that may occur around the fire station include but are not limited to: Sprains, strains, abrasions, contusions, concussions, broken bones, scrapes, lacerations, eye injuries, and potentially death. These injuries are associated with slips, trips, falls and other duties participants are involved in during the ride along.

While responding to an emergency scene there is a potential risk of being involved in a motor vehicle accident. Potential injuries that may occur when involved in a vehicle accident include; contusions, concussions, broken bones, scrapes, lacerations, amputations, puncture wounds, and potentially death.

2. **Possible Harms** - I understand that these “inherent risks” can result in “**harms,**” which in this document means **damage to property or permanent or temporary physical, emotional, and mental injury to or death or disability.**

3. **Investigate Risks** - I agree that it is my responsibility to understand the risks in my participation in this activity. It is my responsibility to investigate the risks if I do not fully understand these risks.

4. **Assumption of Risk** - After considering the “inherent risks” and “harms” that may result, I voluntarily assume all “inherent risks” that I may encounter during participation in or transportation to, from or as a part of this activity, and I agree to be financially responsible for any “harms” that result.

5. **Negligence** - I also recognize that while the University will not knowingly or intentionally cause or permit “harms” to occur, the same or similar “harms” such as those mentioned in paragraph 2 may be caused by the negligence or fault of University of Alaska employees, its agents or volunteers or by fellow participants.

6. **Release** - I further agree to release the University of Alaska, its Board of Regents, officers, agents, and employees (hereafter “**University**”), from all liability and claims of any kind, for any “harms” to me **arising from the negligence of University of Alaska employees, its agents or volunteers, or of fellow participants.** This includes claims for loss, expense, damages, punitive damages or attorney fees, or loss of companionship or support of family.

7. **Indemnity and Hold Harmless** - I agree to indemnify and hold the “University” harmless if I or anyone else brings claims against the “University” to recover damages of any kind for “harms” to me **arising from the negligence of University of Alaska employees, volunteers or of fellow participants, or from our participation in, or transportation to, from or as a part of this activity.** This means that I will be responsible for attorney fees and expenses incurred by the “University” in its defense of claims and any damages awarded against the “University.”

8. **Other Providers** - I understand that my assumption of risk, release and indemnification of the University apply regardless of whether this activity is operated, sponsored, or hosted in whole or in part by the University of Alaska or a third party.

9. **Accommodations** - I certify that I am in good health and I know of no medical reason why I am not able to participate. If I have a disability, food or drug allergy, dietary requirements or any other condition requiring accommodation, I will contact the activity director at least fourteen (14) days prior to the start of the activity.

10. **Consent to Care** - I consent to first aid, emergency medical care, and if necessary admission to a hospital for care and treatment for injuries or illness anytime during this activity.

11. **Financial Responsibility** - I understand that I am responsible for obtaining insurance and for any expenses that arise out of medical care. Upon my request and at my expense accident insurance may be available to me through the University.

12. **Compliance with Rules** - I agree that I will abide by all University policies, regulations, and procedures and by all local, state and federal laws. If I fail to abide by these rules and laws, that may be a basis for denying or ending my participation in this activity.

13. **Others Affected** - I intend that this Agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

By my signature, I agree and represent that: I have entered into this Agreement on the basis of my own assessment of the risks involved and not in reliance upon representations of the University, its employees, officers or agents; I understand that I have the right to consult an attorney of my choice before signing this Agreement; I further understand that this Agreement contains our entire agreement, and that it cannot be modified except in a writing signed by me and the University; Alaska law applies to this Agreement and any dispute will be resolved in the state court located in Fairbanks, Alaska; If any part of this Agreement is found to be invalid or unenforceable for any reasons, the balance of the Agreement remains valid and enforceable; This a legally binding agreement designed to protect the “University” from claims that could be brought by myself or anyone else because of “harms” to me.

PARTICIPANT’S NAME: _____ DATE: _____
(Please Print)

ADDRESS: _____ TELEPHONE: _____

SIGNATURE: _____ DATE: _____

MODEL RELEASE PORTION - OPTIONAL

_____ I agree that University personnel may **photograph, videotape or record** me in connection with this activity. I agree that the University will be **the owner** of all images and recordings and own all copyright in the images and recordings. The University may use these images and recordings **for advertising or other media releases**.



Fire Department

P.O. Box 755540, Fairbanks, Alaska 99775-7540

Forrest Kuiper, Fire Chief

907-474-5770

907-474-5999 fax

drschrage@alaska.edu

www.uaf.edu/fire

UNIVERSITY FIRE DEPARTMENT RIDE-ALONG AGREEMENT

Please read and initial the following statements. Each participant going on a ride-along must sign the University Fire Department Ride-along Agreement and the University of Alaska Release Agreement.

_____The Officer/Crew I have been assigned to ride with has given me a safety brief and the opportunity to ask questions that may clarify any requirements (initial at time of ride-along).

_____I have voluntarily requested to ride as a passenger and observer in a University Fire Department vehicle that will be operated by fire department personnel while performing official duties as a fire/EMS provider.

_____I understand that the activities I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.

_____I understand that I am to obey the commands of the officer at all times during the ride-along. I will not take any action that will inhibit the actions of the officer /crew I am assigned to or that will jeopardize the safety of myself and/or the officer/crew.

_____I understand the equipment assigned to an officer/crew and the vehicle in which I will ride is for the purpose of providing fire/EMS services in performing official duties only and I will not touch, utilize, or adjust any of the equipment in the vehicle.

_____I understand that failure to abide by the above requirements will result in immediate termination of the ride-along, can prohibit me from future ride-along consideration and could result in injury, death, civil liability or, if I intentionally interfere with fire/EMS activity, could result in criminal charges against me.

_____I understand that a background check may be performed before I am allowed to participate.

Participant's Signature: _____ Date: _____

(If participant is under 18) Legal Parent/Guardian Signature: _____ Date: _____

Naturally Inspiring.

UAF is an AA/EO employer and educational institution.

MINOR FORM

AGREEMENT FOR MINOR'S PARTICIPATION IN ENRICHMENT ACTIVITY

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, AGREEMENT TO RELEASE ALL CLAIMS AND AGREEMENT TO INDEMNIFY THE UNIVERSITY OF ALASKA

My child,(print name) _____, being _____ years of age, wants to participate in riding along at the University Fire Department.

PLEASE READ CAREFULLY & SIGN BELOW
(Required for participation)

1. **Inherent Risks** - As my child's parent or legal guardian, I support my child's decision, and I want him or her to participate. My child and I understand and acknowledge that there are **known, unknown, and unanticipated risks and dangers that are qualities of these activities that cannot be eliminated**. These are often called "**inherent risks**" and will be referred to this way in this document. Some of the activities that my child may be participating in:

Participant will be involved in some if not all of the following activities: fire apparatus daily and weekly checks, washing and sweeping bay floors, washing and detailing fire apparatus, washing fire hose, hanging fire hose to dry, cleaning work tools and servicing equipment after a fire, loading fire hose, pulling fire hose, flowing water from a fire hose, tying knots, training on ladders, classroom training, and responding to emergency scenes with the Battalion Chief as an observer.

Potential injuries that may occur around the fire station include but are not limited to: Sprains, strains, abrasions, contusions, concussions, broken bones, scrapes, lacerations, eye injuries, and potentially death. These injuries are associated with slips, trips, falls and other duties participants are involved in during the ride along.

While responding to an emergency scene there is a potential risk of being involved in a motor vehicle accident. Potential injuries that may occur when involved in a vehicle accident include; contusions, concussions, broken bones, scrapes, lacerations, amputations, puncture wounds, and potentially death.

2. **Possible Harms** - I understand that these "inherent risks" can result in "**harms,**" which in this document means **damage to property or permanent or temporary physical, emotional, and mental injury to or death or disability of my child or me.**

3. **Investigate Risks** - I agree that it is my responsibility to understand the risks in my child's participation in this activity. It is my responsibility to investigate the risks if I do not fully understand these risks.

4. **Assumption of Risk** - On behalf of my child and for myself, and after considering the "inherent risks" and "harms" that may result, I voluntarily assume all "inherent risks" that my child or I may encounter during participation in or transportation to, from or as a part of this activity, and we agree to be financially responsible for any "harms" that result

5. **Negligence** - I also recognize that while the University will not knowingly or intentionally cause or permit "harms" to occur, the same or similar "harms" such as those mentioned in paragraph 2 may be caused by the negligence or fault of University of Alaska employees, its agents or volunteers or by fellow participants.

6. **Release** - On behalf of my child and for myself, I further agree to release the University of Alaska, its Board of Regents, officers, agents, and employees (hereafter "**University**"), from all liability and claims of any kind,

for any “harms” to my child or myself **arising from the negligence of University of Alaska employees, its agents or volunteers, or of fellow participants.** This includes claims for loss, expense, damages, punitive damages or attorney fees, or loss of companionship or support of family.

7. Indemnity and Hold Harmless - On behalf of my child and for myself, I agree to indemnify and hold the “University” harmless if I or my child or anyone else brings claims against the “University” to recover damages of any kind for “harms” to my child or me **arising from the negligence of University of Alaska employees, volunteers or of fellow participants, or from our participation in, or transportation to, from or as a part of this activity.** This means that I will be responsible for attorney fees and expenses incurred by the “University” in its defense of claims and any damages awarded against the “University.”

8. Other Providers - I understand that my assumption of risk, release and indemnification of the University apply regardless of whether this activity is operated, sponsored, or hosted in whole or in part by the University of Alaska or a third party.

9. Accommodations - I certify that my child is in good health and I know of no medical reason why my child is not able to participate. If I or my child has a disability, food or drug allergy, dietary requirements or any other condition requiring accommodation, I will contact _____ at least _____ days prior to the start of the activity.

10. Consent to Care - On my child’s behalf and for myself, I consent to first aid, emergency medical care, and if necessary admission to a hospital for care and treatment for injuries or illness anytime during this activity.

11. Financial Responsibility - I understand that I am responsible for obtaining insurance and for any expenses that arise out of medical care. Upon my request and at my expense accident insurance may be available to my child through the University.

12. Compliance with Rules - I agree that my child and I will abide by all University policies, regulations, and procedures and by all local, state and federal laws. If my child or I fail to abide by these rules and laws, that may be a basis for denying or ending our participation in this activity.

13. Others Affected - I intend that this Agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

By my signature, I agree and represent that: I have entered into this Agreement on the basis of my own assessment of the risks involved and not in reliance upon representations of the University, its employees, officers or agents; I understand that I have the right to consult an attorney of my choice before signing this Agreement; I further understand that this Agreement contains our entire agreement, and that it cannot be modified except in a writing signed by me and the University; Alaska law applies to this Agreement and any dispute will be resolved in the state court located in Fairbanks, Alaska; If any part of this Agreement is found to be invalid or unenforceable for any reasons, the balance of the Agreement remains valid and enforceable; This a legally binding agreement designed to protect the “University” from claims that could be brought by myself or anyone else because of “harms” to my child or me.

Signature and Contact Information	
Participant’s name (print name):	Date (print):
Email (print):	Phone (print):
Street (print):	State (print) :
City (print):	Zip (print):
Parent/Legal Guardian (print name):	Date (print):

Parent / Legal Guardian (Sign):	Date (print):
If different from Participant, Parent / Legal Guardian contact info	<input type="checkbox"/> Check if same as above
Email (print):	Phone (print):
Street (print):	State (print):
City (print):	Zip (print):

Model Release Portion (Optional)	
<p>On behalf of my child (print name of participant child) _____ and for myself, I agree that University personnel may photograph, videotape or record my child or me in connection with this activity. I agree that the University will be the owner of all images and recordings and own all copyright in the images and recordings. The University may use these images and recordings for advertising or other media releases.</p>	
Parent /Legal Guardian signature (sign):	Date (print):