



PASSENGER WAIVER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian signature if under 18: _____

Emergency Contact Name: _____ Phone #: _____

Hold Harmless Agreement

I, _____, hold harmless and release East Pierce Fire and Rescue (Pierce County Fire District #22), and all of its officers of any responsibility in the event of an accident or injury or any other claim that I might have while being a passenger in any East Pierce Fire and Rescue (Pierce County Fire District #22) vehicle.

Furthermore, I accept full responsibility for my actions and conduct while being a passenger in the Fire Department vehicle. I also agree to abide by the instructions and directives of the officer that I am assigned to.

I also understand that East Pierce Fire and Rescue (Pierce County Fire District #22) carries no insurance that will cover me in the event of an accident or injury. For this reason, I must provide my own insurance coverage for any claim(s) that I may have while participating in the job shadow/ride-along program.

Insurance Company: _____

Policy Number: _____

Date

Participant Signature

Parent/Guardian Signature