

**NAPA FIRE DEPARTMENT
RIDE-ALONG REQUEST FORM**

Name: _____ Over 18 years of age: Yes _____ No _____

Home Phone: _____ Work Phone: _____

Occupation: _____

School (If Student): _____

Reason for Ride-Along Request: _____

Have you been on a ride-along before: Yes _____ No _____

If yes, when: _____

Napa Fire Department Shift Hours:

24-Hour shifts are available for Reserves, Scouts, and Interns only.

Ride-Along Hours: 8 a.m. – 10 p.m.

Date and hours you would like to ride:

Date: _____ From: _____ To: _____

The person requesting to ride-along must sign the release and waiver of claims on the back of this form. Parents must sign if the Ride-Along is a minor. (only applies to Scouts)

Approved: _____ Date: _____ By: _____

Disapproved: _____ Date: _____ By: _____

**CITY OF NAPA
FIRE DEPARTMENT
RELEASE AND WAIVER OF CLAIMS**

I, _____, hereby release and discharge the City of Napa, the Napa Fire Department, all agents, employees, and officers of the City of Napa, from all actions, cause of action, damages, claims and demands in law or in equity of every kind and character I may have, or my successors, assigns, heirs, executors or administrators may hereafter have against them, or any of them, and hereby waive all claims against them, or any of them, resulting from any act, accident, or incident of any nature which may arise from riding in a Fire Department vehicle or participating, witnessing, occurring, or arising out of being present at any Fire Activity. I agree also to indemnify and save harmless the City of Napa, the Fire Department of the City of Napa, all agents, employees, and officers of the City of Napa from any suits, claims, or actions brought by any person or persons sustained or arising from my riding in a Fire Department vehicle or participating, witnessing, occurring, or arising out of being present at any Fire activity.

Signature	Address	Birthdate
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Parents Signature (If minor)	Address	Birthdate
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Minor's Full Name	School	Birthdate
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