



ESCONDIDO FIRE DEPARTMENT

1163 N. Centre City Parkway
Escondido, CA 92026
(760) 839-5400 Fax: (760) 739-7060



RIDE-ALONG APPLICATION

Name: _____ Address: _____

City: _____ State _____ Phone: _____ Work Phone: _____

Date of Birth: _____ Driver's License # _____ Occupation: _____

Representing Club/Organization: _____ Phone : _____

Why do you wish to ride with the Escondido Fire Department? _____

Are there any disabilities which will require accommodations? Yes [] No []

If yes, please explain: _____

WAIVER OF CLAIMS FOR DAMAGES OR LOSSES

In consideration of the permission granted by the City of Escondido Fire Department, for me to ride along on Fire Department apparatus, I, _____ do hereby waive all claims for damage or loss to my person or property which may be caused by any act or failure to act of the City of Escondido Fire Department, its officers, agents or employees. I assume the risk of all dangerous conditions or occurrences which may be encountered during said ride-along, and I waive any and all specific notice of the existence of such conditions or occurrences.

I request to be scheduled on _____ starting at _____

I have read the above and agree to the same.

Minor children, under the age of 15-years, will not be accepted. The release form must be signed by the parent or guardian of any rider under the age of 18-years in the presence of a Fire Department employee.

Applicant's Signature: _____ Date: _____

Parent or Guardian Signature (if under 18): _____

Relationship: _____ Address: _____

Phone Number: _____

Witnessed by:

An Agent of the Escondido Fire Department

Date