



WEST LAFAYETTE FIRE DEPARTMENT

300 NORTH STREET
WEST LAFAYETTE, INDIANA 47906

765.775.5175

Ensuring West Lafayette is always a safe and great place to work, live, and play.

RIDE-ALONG REQUEST & WAIVER FORMS

Ride-Along Observer Request (Part I)

Full Name (please print): _____

Home Address: _____

Date of Birth: _____ Cell Phone: _____

Email Address: _____

Brief reason for ride-along request:

Emergency contact person and phone number: _____

Please fill out both the **Ride-Along Observer Request** above and the **Ride-Along Observer Waiver** on the next page and email to: WLFAdmin@westlafayette.in.gov

Ride-Along Observer Waiver (Part II)

In consideration of being allowed by the West Lafayette Fire Department to participate in its ride-along program, I agree to the following:

1. My participation in the ride-along program shall be subject to and in accordance with all terms and conditions that are contained in the West Lafayette Fire Department current ride-along policy. By initialing below, I hereby acknowledge that I have read and understand this policy and agree to abide by all its terms.
Initials: _____
2. I understand that any information that I obtain as a result of this ride-along program may be subject to confidentiality. I agree not to discuss this information with anyone other than members of the West Lafayette Fire Department. Information gathered through this ride-along program may not be distributed without prior written approval by the Fire Chief, Deputy Chief, or their designee.
Initials: _____
3. I hereby waive and forever release any and all claims for personal injury, property damages, and/or loss of services which I may now have or have in the future against the City of West Lafayette, the West Lafayette Fire Department, individuals and /or entities, agents, servants, employees, successors, and assigns arising from any damages or losses which I may suffer or incur while participating in the West Lafayette Fire Department's ride-along program, including, but not limited to, riding in or being transported in a West Lafayette Fire Department vehicle. This waiver and release shall be binding upon my heirs, executors, administrators, and assigns. I also waive any legal duty of the City of West Lafayette, the West Lafayette Fire Department, and their employees and agents to protect me that may arise as a result of my participation in the ride-along program and my following of the rules and terms of the ride-along program.
Initials: _____
4. I agree to indemnify the City of West Lafayette, West Lafayette Fire Department, and their employees and agents (collectively "Indemnity") from any and all liability, loss, or damage indemnity may suffer, including legal and attorney's fees, as a result of claims, demands, costs, or judgment against indemnity arising from my participation in the ride-along program.
Initials: _____

Name: (please print): _____

Signature: _____

Date: _____

Please email completed forms to: WLFAdmin@westlafayette.in.gov