

MASON CITY FIRE DEPARTMENT 350 5<sup>th</sup> St. SW | Mason City, IA 50401 T: 641.421.3640 | F: 641.421.2710 E: mcfire@masoncity.net

## WAIVER AND GENERAL RELEASE OF LIABILITY

Whereas, the Mason City Fire Department (MCFD) provides the community with fire and emergency medical services thereby responding to emergency situations. I, the undersigned, wish to accompany the MCFD Fire and EMS units and personnel on calls during my internship. I do voluntarily undertake said participation as set forth.

In consideration of my being permitted to ride with the Mason City Fire Department, I

voluntarily and knowingly execute this Waiver and General Release of Liability with the express intention of releasing MCFD, its officers, officials, agents and employees from and against all liabilities, claims, actions, damages, losses or expenses arising out of or due to my participation in the MCFD Internship/Student Ride-Along Program including, without limitation, injury, illness or death which may be suffered before, during or after such participation.

I hereby acknowledge that my riding with units and personnel of MCFD is not in any manner to be construed as being employed by or a promise of employment by the Mason City Fire Department, nor does it create any agency relationship.

I hereby accept and assume all risks to myself involved in participating in the MCFD Internship Student Ride-Along Program and fully assume all responsibility for any injury, damage or claim of any nature whatsoever that may result from such participation. Furthermore, the undersigned understands that this Waiver and General Release of Liability includes provisions for waiver of any claims based on negligent action or inaction of the Mason City Fire Department, the City of Mason City, their officers, officials, agents and employees. The undersigned has elected to assume all such risks.

| IN WITNESS WHEREOF, thi     | s    | day of      | , 20 |  |
|-----------------------------|------|-------------|------|--|
| Signed, in the presence of: |      |             |      |  |
|                             |      |             |      |  |
| Captain/Acting Captain      | Date | Participant | Date |  |
|                             |      |             |      |  |