

# Mason City Fire Department Explorer Ride Along Agreement

Explorer: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ request permission from the Mason City Fire Department for my son/daughter \_\_\_\_\_ to participate in the Explorer Post Ride Along Program. If granted, participation in the program will continue as long as he/she is a member in good standing in the post. Participation in the program may be discontinued at my request or by the program manager. I attest that my son/daughter is registered with the Mason City Fire Department Explorers and does not have any physical or other conditions that would interfere with participation the program.

Participation in the program entails inclusion in normal daily station activities and responding to emergency incidents with on duty personel. I understand that Fire Department personnel will make every effort to provide for my son/daughters safety, however participation the program entails an inherent risk. I agree not to hold Mason City, the fire department, or any of its employees liable for any injuries my child may receive before, during, or after participation in this activity. Explorers participating in the ride along program shall follow the Mason City Fire Department Explorers SOP's.

I certify that I have read and understand the nature of this agreement, its implications, risks, and possible hazards.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Explorer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_