



# Centerton Fire Department

755 W. Centerton Blvd.  
Centerton Arkansas, 72719



## Citizen Ride-Along Program Hold Harmless Agreement

**INSTRUCTION:** Complete this form, sign where indicated and have your signature notarized and return Agreement to the Centerton Fire Department.

I, \_\_\_\_\_, wish to observe members of the Centerton Fire Department perform their duties. The observation will include riding in Fire and Ambulance vehicles with members of the Centerton Fire Department. These activities may include situations where I may suffer damage to my person or property.

I am freely and voluntarily requesting permission to participate in the Ride-Along program. This program does not entitle me to, nor am I requesting any compensation. I certify that any services I will perform during the Ride-Along program are done voluntarily. I understand that permission to participate in this program may be revoked at any time.

In consideration of the above granted authority to observe and for other good and valuable consideration, my assigned heirs, executors, or agents hereby agree to hold the City of Centerton and the Centerton Fire Department harmless. I agree to indemnify the City of Centerton, the Centerton Fire Department, their agents and employees and all claims, damages, losses and expenses arising out of the above described observation, and related activities, which includes bodily injury, illness or death, and/or the loss of use of property. I have informed my spouse/parent/guardian of my intention to participate in the Ride-Along program. My spouse/parent/guardian agrees to also hold the City of Centerton and the Centerton Fire Department harmless. My spouse/parent/guardian approves of my participation by his/her signature below.

I understand and agree that I am subject to a criminal background check prior to participating in this program.

Must request ride-along at least two weeks in advance of the date you wish to ride. Participants are asked to schedule their ride-along during the hours of 8:00 AM to 8:00 PM Monday through Friday. Exceptions to this rule may be issued on a case-by-case basis by the Shift Commander.

**Date you wish to Ride-Along:** \_\_\_/\_\_\_/\_\_\_ **Times:** \_\_\_\_\_

**Firefighter Sponsoring Your Application (If Any):** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Date of Application** \_\_\_/\_\_\_/\_\_\_

**Signature of Self/Parent/Guardian (If Applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commision Expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

APPROVED:

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Company Officer

\_\_\_\_\_  
Shift Commander/Batt. Chief

\_\_\_\_\_  
Sponsoring Firefighter (If Applicable)