



CITY of TEMPLE TERRACE FIRE DEPARTMENT

124 Bullard Parkway • Temple Terrace, Florida 33617
TEL: (813) 506-6700 • FAX: (813) 506-6701
www.templeterrace.com

Thank you for your interest in the Temple Terrace Fire Department's Ride-Along Program. The program is intended to give interested citizens a chance to observe fire activities in Temple Terrace. We are pleased that you have decided to observe and we offer you the following information that will make your ride-along more enjoyable.

You are required to wear appropriate clothing during your time of observation. Faded jeans, torn, discolored or dirty clothing, T-shirts, shorts, or cut-offs are not allowed.

You must report to the shift captain at least 15 minutes prior to your scheduled ride-along time.

You may ride with a particular station if you have made arrangements with that shift captain. Otherwise, you will be assigned as staffing levels allow.

You are to be considered an observer only and shall be under direct supervision of the assigned shift captain during the ride-along. Participants shall be instructed to remain in the fire vehicle at all times except when authorized to leave by the assigned shift captain.

You must wear your seatbelt in accordance with department policy. It may also become necessary that the fire personnel leave you in a safe place when responding to some types of calls. This is done for your safety, and the assigned fire personnel or other personnel will pick you up.

B. Keith Chapman
Fire Chief



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GUEST PASSENGER AND OBSERVER REQUEST AND RELEASE FORM

I, _____, request permission of the Temple Terrace Fire Chief to observe fire activities
(Print Full Name)

in the company of firefighters, in fire apparatus, restricted areas and other places within the City of Temple Terrace for the following purpose(s):

I understand that firefighting involves unusual dangers to people and property and that the Temple Terrace Fire Department along with the City of Temple Terrace cannot insure or guarantee my safety as a guest. Should this request be granted, I do freely and voluntarily assume all risks arising out of the granting of this request.

I UNDERSTAND THAT I AM VOLUNTEERING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. I AGREE THAT, EVEN IF THE TEMPLE TERRACE FIRE DEPARTMENT USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT I MAY BE SERIOUSLY INJURED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM I AM GIVING UP MY RIGHT TO RECOVER FROM THE CITY OF TEMPLE TERRACE IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. I HEREBY FULLY RELEASE AND DISCHARGE THE CITY OF TEMPLE OF TEMPLE TERRACE, ITS EMPLOYEES AND AGENTS OF AND FROM ANY AND ALL INJURIES THAT MAY ARISE FROM MY PARTICIPATION IN THIS ACTIVITY, ALL MANNER OF ACTIONS AND CAUSES OF ACTION, DEBTS, DUES, CLAIMS, AND DEMANDS OF EVERY KIND AND NATURE WHATSOEVER I EVER HAVE HAD, OR WHICH MY HEIRS, EXECUTORS OR ADMINISTRATORS HAVE, OR MAY HAVE ARISING OUT OF THE GRANTING OR EXERCISE OF THIS REQUEST AND MY PARTICIPATION IN THE ACTIVITY. IN ADDITION, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF TEMPLE TERRACE, ITS EMPLOYEES AND AGENTS, OF AND FROM ALL DAMAGES, CLAIMS AND/OR CAUSES OF ACTION AGAINST ANY OF THEM BY REASON OF MY PARTICIPATION IN THE ACTIVITY.

During my participation in the activity, I understand that I may see or hear information that comprises confidential protected health information ("PHI"). I will not repeat, share or otherwise divulge any such PHI to any person or entity and will treat all such PHI as being confidential.

_____	_____
Guest Signature	Street Address
_____	_____
Print Name	City, State, Zip
Phone Number: _____	Date of Birth: _____
Date(s) Requested: _____	Time(s) Requested: _____

STATE OF FLORIDA

County of Hillsborough

Subscribed and sworn to before me this ____ day of _____, 20____, by _____

_____, who is personally known to me or has produced _____ as identification.

Notary Public

STAMP:

APPROVAL:

Fire Official: _____ Title: _____ Date: _____

Date(s) Approved: _____ Time(s) Approved: _____

DISTRIBUTION: ORIGINAL – TTFD File COPY: Shift Supervisor COPY: Guest

