



**EXETER DISTRICT
AMBULANCE**

302 E. Palm
Exeter, CA 93221

Phone: 559-594-5250

Fax: 559-592-2301

Appropriate Attire

Ambulance Ride Along/Observer

Dark Blue or Black pants (no jeans)

White button-up or polo shirt (no T-shirts¹)

Closed toe shoes or boots (black)

Dark blue or black jacket

No hats or jewelry are to be worn, other than wedding bands

Rider must be clean shaven and clean appearance

¹ Tulare County Fire Department T-shirts may be worn by TCFD staff

¹ Shirts should have no logo other than Professional EMS-related logos

Only certified EMTs may assist in patient care

If rider is a certified EMT, they MUST wear their card on their shirt

EXETER DISTRICT AMBULANCE
302 EAST PALM
EXETER, CA 93221
209-594-5250

RIDE ALONG AGREEMENT
ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS

The undersigned makes this voluntary request for permission to ride as a guest or observer in an Exeter District Ambulance, when such vehicle is staffed and operated by qualified personnel of the Exeter District Ambulance, and while the ambulance is being utilized in normal operations including emergency calls. The undersigned represents that he/she is at least eighteen (18) years of age at the signing of this agreement, or that is he/she is under the age of eighteen (18) years of age, the adult person co-signing with the undersigned is the parent or legal guardian of the undersigned, and that he/she will not render any medical care or other assistance on any of the District's patients unless properly trained and qualified to do so, has obtained prior District approval as indicated on this agreement, and acts only under the direct supervision of District personnel.

In assuming the risks with respect to this voluntary ride-along the undersigned acknowledges that the work and activities of the Exeter District Ambulance are dangerous, involving possible risk of injury, damage, expense or loss to person and property. The undersigned further acknowledges that by accompanying the ambulance personnel he/she may suffer injury, damage or loss to person and property while the personnel are performing their normal transfer and emergency duties.

It is further understood that the Exeter District Ambulance, its governing board members, and employees and agents, shall not be held liable or responsible under any circumstances whatsoever to the undersigned, his/her estate, heirs, beneficiaries, or successors for any injury to the undersigned's person or property, including but not limited to any damage, expense or loss to person or property, incurred while traveling to and from the District's stations, and while riding along with District personnel, and performing permitted medical and other care, within the scope of this ride-along agreement.

Upon execution of this agreement the parties agree that the undersigned will be permitted to ride along on the date indicated below, and the undersigned agrees to be bound by all of the covenants, terms and conditions of this agreement.

Note: READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Signed: _____ Date: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Parent or Legal Guardian (if under 18)

Signed: _____ Date: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

For Office Use Only

Date of Ride-Along: _____ Crew on duty: _____
Qualified to render medical care or other assistance Yes No
Approved by: _____