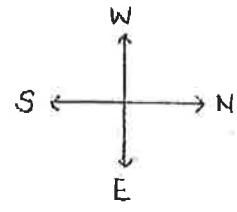
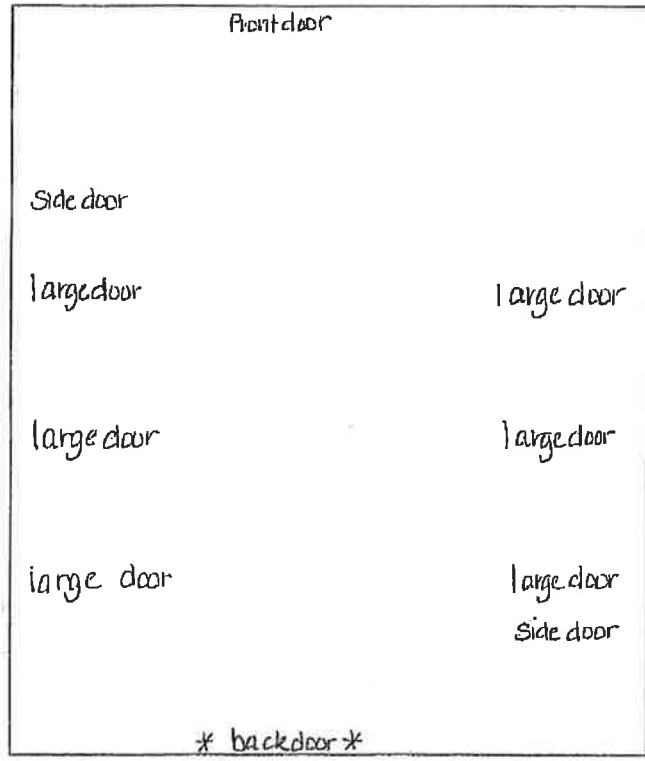


9th St S



flag pole



gas pumps

1st Ave S

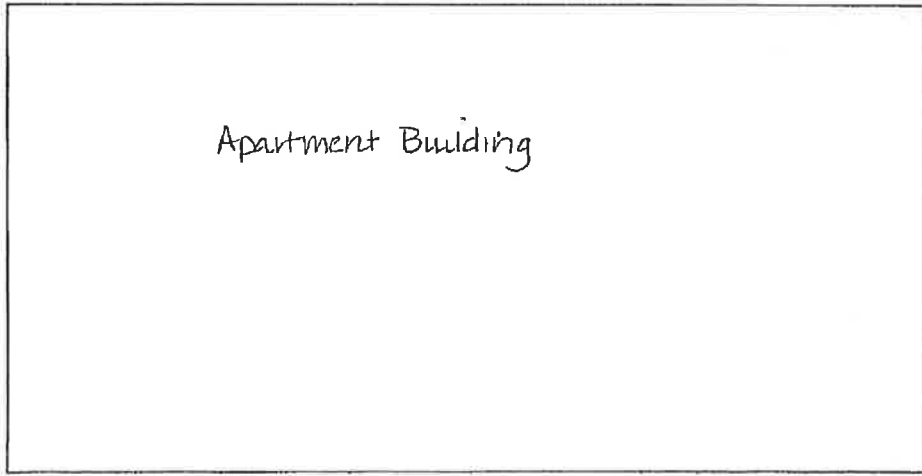
Sun cleaners

visitor parking only

Alley

fire dept parking
ride along / job shadow parking

apartment parking



10th St S

Park on the east side of the building and use the back door. There is a buzzer. If no one answers within a couple of minutes, walk around to front door.

GREAT FALLS RIDE ALONG PROGRAM
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER,
RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

Whereas, I, _____ (being/not being over the age of eighteen) and not being a member of Great Falls Fire Rescue (GFFR), have made a voluntary request to ride in a GFFR vehicle and to accompany GFFR employees during the performance of their official duties, and

Whereas, GFFR is willing to allow me to ride as a guest in a GFFR vehicle and to accompany GFFR employees of the department during the performance of their duties under certain conditions stated herein:

Now therefore, in consideration of the permission given to me to ride in a GFFR vehicle with GFFR employee(s) during the performance of their official duties, I do hereby agree:

(1) That I am aware that the work of GFFR is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying GFFR employees during the performance of their official duties; and I freely, voluntarily, and with such knowledge, assume the risk of death, personal injury, or property damage caused by acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, medical condition, explosion, gas, electrocution, the escape of radioactive substances or other dangers which occur during or as a result of my accompanying GFFR employees during the performance of their official duties.

(2) That the City of Great Falls, its agents, officials, employees, including but not limited to the Great Falls Fire Chief, all members of GFFR, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, which occurs or is caused by my accompanying any GFFR employees during the performance of their official duties and resulting from any negligent act or omission on the part of any member of Great Falls Fire Rescue. I acknowledge that GFFR recommends that I obtain and carry my own personal health and hospitalization insurance.

(3) For myself, my heirs, executors and assigns, I agree to indemnify, defend and hold harmless the City of Great Falls, its agents, officials, employees, including but not limited to the Great Falls Fire Chief of Great Falls, Montana, all members of GFFR, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission while accompanying any GFFR employees during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document, that I will follow all GFFR rules, and that I have signed it of my own free will.

_____ Signature	_____ Printed Name	_____ Date	
_____ Witness	_____ Printed Name	_____ Parent/Guardian (for minors)	_____ Printed Name

NOTIFICATION IN CASE OF EMERGENCY

Name _____

Address _____

City and State _____ Phone # _____



Confidential Information Agreement

I _____ understand that while I am accompanying Great Falls Fire Rescue employees while performing their duties, I may obtain or overhear information that is private, sensitive or confidential, and that this information must be protected from unauthorized disclosure of such information.

I agree that I will not discuss, disclose, or disseminate any private, sensitive or confidential information regarding customers, patients, or members of the public, to any third party without the written consent of the customer or patient, a court order or subpoena, or as authorized by law. I agree that I will not use any information obtained through my activities associated with the Great Falls Fire department for my own personal or private business use.

I further understand that any violation of this agreement could be grounds for disciplinary action, including removal from the position being held, or individual liability for the disclosure.

Printed Name

Signature

Address

City, State, Zip

Phone Number

Witness