



**Ride Along Program
Parental Consent and Liability Waiver**

I, _____ hereby consent, on behalf of myself or my minor

Print name

child: _____.

List name and birthdates of minor participant

to participate in the West Bloomfield Fire Department Ride Along program.

In consideration for the opportunity to voluntarily participate in the above program sponsored by West Bloomfield Township, for myself, my minor children, my heirs, executors, administrators, or successors, I hereby waive any actions or claims of any nature that I have or might in the future have against any and all individuals or organizational participants in the above-referenced program, including but not limited to the fire department, the municipality and the officers, agents or employees, resulting from the participation in the program; and I further agree to hold harmless any and all organizational and individual participants in the above-referenced program from and against all damages of any kind, to persons or property, resulting from the participation.

I acknowledge that I read, understand, and agree to the above waiver, release, and indemnity.

Print name

Signature

Date

Witness (print name)

Signature

Date