



# Observer Program Waiver of Liability

First Name:		Last Name:	
Date Applied:	Phone Number:	Date of Birth:	
Home Address:			
Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, please describe:			
Date, Time, and Station Preferred for Ride-Along:			

Approved by:	Date:
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In consideration of my being permitted to ride upon the motor vehicles of the City of Chandler Fire Department, I hereby release and agree to hold harmless the City of Chandler, its employees and agents from any and all liability from any damage or injury which I may receive while riding upon these vehicles or accompanying Chandler Fire Department personnel from any cause; whatsoever. This release of liability and agreement given by me to the City of Chandler, its employees, and agents shall apply to any right of action that might accrue to my heirs, my personal representatives, and myself. Further, I agree to assume all risks associated with riding in Chandler Fire Department vehicles and accompanying their personnel. I am fully aware that personal danger may be involved.

Signature:	Date:
Witness Signature:	Date: