

# **Rider Guidelines and Information**

ALL RIDERS must read and agree to the following guidelines and complete the following forms prior to participating in the Westminster Ride Along Program:

RIDER EMERGENCY INFORMATION AND AUTHORIZATION RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE PARENTAL RELEASE (if under the age of 18) POLICY ON CONFIDENTIALITY

# Scheduling Rides

All rides must be scheduled at least one week in advance through the Westminster Fire Administration offices at 9110 Yates Street, phone number (303) 658-4500. Fire riders can schedule rides from 7:00 a.m. until 7:00 pm and EMS riders can schedule a 12 hour rides, starting at 7:00 a.m. EMS riders requesting a 24 hour ride must have Officer Approval.

# Cancellation of Rides

To cancel a ride the rider should call Fire Administration Monday through Friday, 8:00 am until 5:00 p.m. at least one working day before the scheduled ride. If the rider fails to cancel and does not keep the scheduled appointment, any future or scheduled and/or scheduling of rides will be at the discretion of Fire Administration staff.

### Dress Code

Riders are required to maintain a professional appearance and to wear dark slacks and a light sportshirt/blouse; socks or nylons, sturdy and supportive shoes; appropriate undergarments, jackets, hats, gloves for adverse weather conditions. NO jeans, shirts or jackets with patches or badges, no sandals, tennis shoes, clogs or open-toed shoes, minimal jewelry, perfume or aftershave.

### **Rider Guidelines**

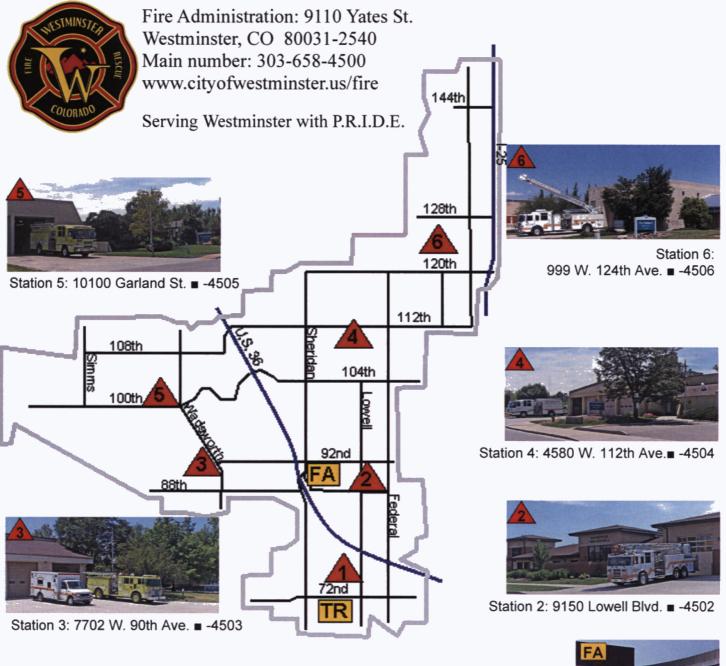
EMS Riders: may function to the level of their training (basic or paramedic) and only under the direct supervision of their preceptor. NO INDEPENDENT MEDICAL PRACTICES WILL BE ALLOWED.

Fire/Other Observers: are only to observe unless requested to perform specific actions by the officer in charge. NO INDEPENDENT ACTION IS TO BE TAKEN WITHOUT PRIOR AUTHORIZATION FROM THE OFFICERS.

Rider will be responsible for bringing her/his own meals or can make arrangements to buy-in for meals with officer in charge.

- A. Smoking is not allowed at any station or while riding in WFD vehicles.
- B. The Westminster Fire Department reserves the right to terminate the ride-along due to civil unrest, weather, unusual work load, non-compliance with professional conduct or dress, or other unforeseen events. Termination of ride-along may be made by Company Officer for violation of these policies.

# Westminster Fire Department Station & Facility Locations





Station 1: 3948 W. 73rd Ave. -4501



Training Tower: 3851 Elk Dr.



Fire Administration: 9110 Yates St. -4500

# WESTMINSTER

# Fire Department Rider Emergency Information and Authorization Form

This form and the "Release" and Policy on Confidentiality form must be completed and turned in to ride.

Please Print				
Name		Age		
Address		City	State	Zip Code
Phone (home)(include area	code)	Phone (work)(include area code)		
Check the appropriate desig representing anyone, please			ent. If you are	not
Fire Science Student	School	EMT Student	School	
Fire Science Student       Student         Paramedic Student	School School	EMT Student Othe		
Paramedic Student Reason for Riding:	School			
Paramedic Student	School			
<ul> <li>Paramedic Student</li> <li>Reason for Riding:</li> <li>Notification in Case of Em</li> </ul>	School	Othe		Zip Code

# Westminster Fire Department Office Authorization



# WESTMINSTER FIRE DEPARTMENT RIDE ALONG PROGRAM RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE

WHEREAS, I, \_\_\_\_\_\_, not being a member of the City of Westminster, Colorado Fire Department, have made a voluntary request to ride as a guest in a vehicle/apparatus assigned to the Westminster Fire Department and to accompany members of the Fire Department during the performance of their official duties, and

WHEREAS, The Westminster Fire Department is willing to allow me to ride as a guest in a vehicle/apparatus assigned to that department and to accompany members of said department during the performance of their duties.

# **I DO HEREBY AGREE:**

- 1. That I am aware that the work of the Fire Department is inherently dangerous and that I may be subjected to the risk of death, personal injury or damage to my property by accompanying members of the department during the performance of their official duties and I freely, voluntarily and with such knowledge, assume the risk or risks associated with such activities, including but not limited to: death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance, law violators or suspected law violators, assault, riot, breach of the peace, fire explosives, gas, electrocution or the escape of hazardous substances, or the sustaining of injury in any other way while accompanying members of the department during the performance of their official duties.
- 2. That I exempt and release the City of Westminster, its public officials and employees and their sureties, all members of the Westminster Fire Department and their sureties, and each of them from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury to me or my property incurred while riding in any vehicle/apparatus assigned to the Westminster Fire Department or while accompanying members of the Department during the performance of their official duties or while on the premises of the Department, including such loss, damage or injury resulting from the negligence of the City of Westminster, its public officials and employees and their sureties, any members of the Westminster Fire Department and their sureties, and each of them, or from some other cause.
- 3. For myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and covenant not to sue the City of Westminster, its public officials and employees, any members of the Westminster Fire Department, their sureties and each of them, against any and all manner of actions, causes of action, suits, debts, claims, demands, damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by me or by them while riding in any vehicle/apparatus assigned to the Westminster Fire Department or while accompanying any member or members of said Fire Department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

### **CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING**

Date:	Signature:
Address:	Phone:



# Parental/Guardian Release for Minor Riders

The Release of Claims, Indemnity Agreement, and Covenant Not to Sue signed by the minor child to be signed by all Parent/Guardians of participants between the ages of 14 and 18 years.

- Not Applicable
- 1. I am the legal guardian of, \_\_\_\_\_\_, the minor child who has applied to the City of Westminster to participate in the following activity of the Fire Department.

# **RIDE ALONG PROGRAM**

- 2. I have carefully read the attached Release of Claims, Indemnity Agreement, and Covenant Not to Sue ("The Release") executed by him or her.
- 3. I believe that my child is sufficiently mature to understand the terms of the Release, to consent knowingly to the terms of the Release, and to assume knowingly to the risks associated with his or her participation in the above-mentioned activity.
- 4. On my own behalf, and as legal guardian of said child, I hereby agree as follows:
  - a. I consent to my child's execution of the Release and participation in the above-described activity.
  - b. That I exempt and release the City of Westminster, its public officials and employees and their sureties, all members of the Westminster Fire Department and their sureties, and each of them from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any vehicle/apparatus assigned to the Westminster Fire Department or while accompanying members of the Department during the performance of their official duties or while on the premises of the Department, including such loss, damage or injury resulting from the negligence of the City of Westminster, its public officials and employees and their sureties, and each of them, or from some other cause.
  - c. For myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and covenant not to sue the City of Westminster, its public officials and employees, any members of the Westminster Fire Department, their sureties and each of them, against any and all manner of actions, causes of action, suits, debts, claims, demands, by reason of any actual or claimed negligent or wrongful act or omission by my minor child while riding in any vehicle/apparatus assigned to the Westminster Fire Department or while accompanying any member or members of said Fire Department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my free will.

<u>CAUTION</u>: READ THIS RELEASE OF CLAIMS AND IMDEMNITY AGREEMENT AND PARENTAL/GUARDIAN RELEASE IN FULL BEFORE SIGNING.

**GUARDIAN'S SIGNATURE** 

RELATIONSHIP

**GUARDIAN'S SIGNATURE** 

RELATIONSHIP



# Westminster Fire Department Policy on Confidentiality and Dissemination of Patient Information and Ride Along Participant Agreement

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Westminster Fire Department prohibits the release of any patient information to anyone outside the organization.

I understand that Westminster Ambulance (WFD) provides services to patients that are private and confidential and that I must respect the privacy rights of WFD's patients. I understand that it is necessary, in the rendering of WFD services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all WFD confidentiality policies and procedures during and after my Ride Along association with WFD. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of WFD (listed below) immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my Ride Along association with WFD. Upon completion of my Ride Along association, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand the privacy policy that has been provided to me by the Westminster Fire Department. I agree to abide by this policy or be subject to disciplinary action, which may include verbal warning, and suspension or termination of my Ride Along association with the Westminster Fire Department.

Signature:

Date:	
Date.	

Print Name:

HIPAA review provided by:

Westminster Fire Department Privacy Officer, (303) 658-4500