



Sedona Fire District

General Liability Waiver

FOR ALL REQUESTS: Please read and sign the WAIVER AND RELEASE OF ALL CLAIMS. By submitting this form, you acknowledge that you have read and understand the meaning of this waiver and release of all claims. All completed forms should have an ink signature or electronic signature and be returned to Sedona Fire District, 2860 Southwest Drive, Sedona AZ 86336. Forms can also be returned electronically to training@sedonafire.org. Any incomplete forms may result in a processing delay. For questions, please contact Sedona Fire (928-282-6800).

Age Requirement

Individuals must be 16 years or older to participate in the RAM program and Ride Along Program. If the individual is under 18, a parent or guardian must complete and sign the last page.

Please select from the following options (check all that apply):

- RAM Program
- Ride Along Program
- Other: _____

Participant Information

Name (Full Legal Name)	Phone Number	Today's Date:
Address	City	Email Address:
Birthdate	Driver's License Number	Driver's License State

I, (please print) _____, the undersigned, in exchange for being allowed to participate in the RAM Program and/or Ride Along Program with the Sedona Fire District ("SFD"), agree, for myself, my heirs and assigns, to waive, release, and forever discharge any and all claims, rights and causes of action against the Sedona Fire District, its governing board, officers, employees, agents and representatives arising out of or relating to any injury, including serious bodily injury and death, illness, loss, or damage that I may sustain while participating in the RAM Program and/or the Ride-Along Program. This waiver includes, to the fullest extent permitted by the laws of the State of Arizona, claims arising out of or relating to the ordinary negligence of the Sedona Fire District, its governing board, officers, employees, agents or representatives, but does not apply to claims arising from willful misconduct or intentional wrongdoing. I understand this means that I will not make any claims against or sue the Sedona Fire District for injuries or damage sustained by me, and that I will not recover any money or other compensation from the Sedona Fire District for such injuries or damages.

1. Acknowledgment and Assumption of Risk

I acknowledge that the RAM Program and/or the Ride Along Program involves inherent, significant, and unpredictable risks, including serious bodily injury, permanent disability, paralysis, death, emotional distress, illness, or property damage. These risks may arise from emergency responses, fire suppression, rescue, EMS activities, exposure to bloodborne pathogens, hazardous materials, smoke, heat, vehicles, tools, equipment, physical exertion, environmental conditions, and the actions or omissions of others. I knowingly and voluntarily assume all risks, whether known or unknown, foreseeable or unforeseeable.

2. Waiver and Release of Liability

I have carefully read this agreement and fully understand its contents. I am aware that I am assuming all risks of this activity, that I am indemnifying and holding the Sedona Fire District harmless from all claims, and that I am releasing the Sedona Fire District from all liability arising out of my participation. I understand and expressly agree that this waiver and release of claims is intended to be as broad and inclusive as permitted by the laws of Arizona. If any portion of this waiver is held invalid, I agree that the remainder shall continue in full force and affect.

3. Standards of Conduct

I agree to follow all rules, instructions, and safety guidelines provided by Sedona Fire District personnel and understand that participation may be terminated for safety or conduct reasons.

4. RAM Program: Fitness Facility Acknowledgment

I understand that no medical screening or supervision is provided and that I am solely responsible for determining my fitness and ability to use equipment.

5. Ride Along Program: Confidentiality and Privacy

As a participant in SFD's Ride Along Program, I understand that I may observe or become aware of confidential patient information. I agree that I will not discuss or disclose any information about individual patients, including patient identity, treatment, medical condition, or other identifying information, to any person except authorized SFD personnel who accompany me. I understand that any unauthorized disclosure of patient information as detailed above may subject me to civil and/or criminal penalties as prescribed by law, including the Health Insurance Portability and Accountability Act (HIPAA). I understand and agree to keep all information obtained in the station or while accompanying SFD personnel confidential. Prior to participating in the Ride Along Program, every participant who may come into contact with confidential or private health-related information may be required to complete a HIPAA compliant business associate agreement.

6. Medical and Physical Certification

For the purposes of the RAM Program and/or the Ride-Along Program, I certify that I am physically, mentally, and medically capable of participation and have no condition that would endanger myself or others. For the protection of SFD personnel and any patients or individuals that may be encountered during the Ride-Along Program, on the day of the ride-along I must not be suffering from any illness or injury, including a cold, flu, or respiratory infection that could be transmitted.

7. Electronic Signature and Consent

I understand and agree that this waiver may be executed electronically and that my electronic signature has the same legal force and effect as a handwritten signature.

Participant Signature: _____ Date: _____

Printed Name: _____

THIS SECTION IS TO BE COMPLETED IF PARTICIPANT IS UNDER THE AGE OF EIGHTEEN (18) YEARS.

I am the parent or legal guardian of the child identified below. I have read this document and fully understand and agree to the above waiver and release of all claims, and agree to be bound by its terms, for myself and on behalf of the child named below, and our heirs and assigns.

Please list the name and age of the minor participating in the RAM Program or Ride Along Program. Only the child you are the Parent or Legal Guardian of should be listed:

Minor's Name	Age:
Specify Program Affiliation (example: VACTE)	

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____