



## Strasburg Fire Protection District #8

56281 E Colfax Avenue  
P.O. Box 911  
Strasburg, CO 80136-0911  
Phone: 303-622-4444  
Email: info@svfd8.org

**THIS IS A RELEASE OF LIABILITY FORM READ BEFORE SIGNING NOTE:  
THIS FORM MUST BE READ AND SIGNED BEFORE PARTICIPANT IS ALLOWED  
TO TAKE PART IN A RIDE ALONG.**

I hereby acknowledge the inherent risk associated with participating in a ride along with the Strasburg Fire Protection District's employees, volunteers or staff and in consideration of being allowed to participate, I agree that:

1. I VOLUNTARILY ASSUME ALL RISK ASSOCIATED WITH THE RIDE ALONG OR ANY OTHER ACTIVITIES WHILE OBSERVING THE DEPARTMENT OPERATIONS, including, but not limited to the risk of loss, damage, serious injury, permanent disability, and death. I hereby agree, for myself, my families and my heirs, to RELEASE AND HOLD HARMLESS the Strasburg Fire Protection District, its board members, employees, agents, officer's contractors, and volunteers from any liabilities, claims, demands, or causes of action arising from or associated with my participation in the ride along or any other activities while observing the department operations.
2. I intend this release from liability to be effective whether or not any loss, damage, serious injury, permanent disability, or death RESULT FROM THE NEGLIGENCE OR INTENTIONAL ACTS of The Strasburg Fire Protection District, its Board members, employees, agents, officers, contractors or volunteers.
3. I am solely responsible for my safety and will take every precaution to provide for my own safety while participating in the ride along or any other activities while observing the department operations.
4. Further, I hereby agree, for myself, my families, and my heirs that in no event or circumstance will I sue or bring claims against the Strasburg Fire Protection District, its Board members, employees, agents, officers, contractors, or volunteers in any court of law under any theory of law whatsoever.

I have read this release of liability and assumption of risk agreement, I am legally competent to sign this agreement, and fully understand its terms, understand I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If under 18 form needs to be signed by legal guardian.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_