



Village of Surfside Beach EMS Department



RIDE ALONG APPLICATION AND WAIVER FORM I understand that I must complete this application truthfully to the best of my knowledge. I acknowledge that failure to provide truthful and complete answers may be grounds to deny my participation in this program. I also grant consent for the Village of Surfside Beach EMS Department to complete a background check prior to being approved to participate in this program.

Name:

Last _____ First _____

Date of birth (MM/DD/YYYY): _____ - _____ - _____ SSN: _____ - _____ - _____

Driver's License Number: _____ State: _____

Street Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email: _____ Place of birth: _____

High School: _____

Reason for ride along: School Project: _____ Other: _____ (Please explain)

Date and time you request to ride: _____ By

signing this document, I acknowledge that the opportunity to participate in the Village of Surfside Beach EMS Department Ride-Along Program is a privilege and that the Director/Assistant Director, Chief of Police, or the assigned medic can discontinue my participation in the Ride-Along Program at any time.

Signature: _____ Date: _____

Parent/Guardian (if under 18 years of Age)

_____ Date: _____

Witness Signature: _____ Date: _____

Everyone/Reports and Forms/Ride Along Application and Waiver Revised 02/2024 **Appropriate attire for a Ride Along with the Village of Surfside Beach EMS Department is "business casual". Business casual is defined as "attire that is casual, yet appropriate for the workplace". Clothing items that would be deemed inappropriate for a Ride Along include shorts, tank tops, halter tops, flip flops, torn clothing, etc. Persons presenting themselves at the EMS station for a Ride Along that are not in appropriately attired will be told to return when they have changed to clothing that meets the business casual standard. **

RELEASE and WAIVER OF LIABILITY I have requested permission of the Village of Surfside Beach EMS Department to participate in the EMS Ride Along program. I understand the Ride-Along program involves

riding in an Ambulance/Side-by-side being operated by a Surfside Beach Medic who is performing both routine and emergency EMS functions. I acknowledge that riding in an Ambulance/Side-by-side can be a potentially dangerous activity, as it may be necessary to operate the vehicle outside of the normal rules of the road. I further acknowledge that I may be exposed to dangerous and/or hazardous situations inherent in EMS work where I may be at risk of serious, or even fatal, injury. I understand that the Medic/EMT cannot avoid all dangers or disregard his/her duties which involve such dangers or hazards simply because I am accompanying him/her. Knowing the risks involved, I hereby assume any and all risks of injury, death or property damage arising out of or in any way connected with my participation in the Ride-Along program. I, the undersigned, in consideration of being allowed to participate in the Ride-Along program, do for myself, my heirs, next of kin, family, guardians, executors, administrators and assigns, forever waive, release, and discharge the Village of Surfside Beach EMS Department and its medics, officials, employees, agents, and volunteers ("City Personnel") from and against any and all claims, damages or liabilities arising out of or in any way connected with my participation in the Ride-Along program. I have carefully read the foregoing Release and Waiver of Liability. I understand the contents thereof and I sign the same freely and voluntarily.

Signature _____ Date _____

Printed Name _____ Date _____

Parent/Guardian _____ Date _____

Witness Signature _____ Date _____

Date of 1st Choice: _____ Date of 2nd Choice: _____

Police Chief Approval: _____

Director/Assistant Director Approval:

Unit Assigned to: _____

Date / Time Assigned: ____-____-____ Begin: ____:____ End ____:____

Medic: _____ Shift: _____