

# HARRISBURG FIRE DEPARTMENT RIDE ALONG PROGRAM

## STANDARD OPERATING GUIDELINES

- 1: All riders must be approved by the Fire Chief's Office.
2. The rider will be assigned to ride with the Battalion Commander unless otherwise approved to ride apparatus.
3. Individuals assigned to ride a daylight shift must report to Harrisburg Fire Station #2 located at 140 N. 16th Street by 0700 hrs. The rider is to report to the Station Officer upon your arrival. If the rider is riding for a night tour, he must report to the station by 1600 hrs. A bed will be available, but he is responsible for his own bed linen and toiletries.
4. You are to follow the directions given to you by the Battalion commander or any fire department officer.
5. Upon the fire unit's arrival to an emergency scene, the rider shall exit his assigned vehicle and retreat beyond the safety line established by either the fire and/or police department. The rider is not permitted to enter any building that is involved in an emergency operation. The rider will be required to wear a colored vest, gloves and hardhat while on the emergency scene. These will be issued to him upon his arrival.
6. The rider is expected to pay listening attention to the radio communications that are ongoing at an emergency. When the rider reports for his tour, he will receive further instructions on what important radio communications he needs to be aware of.
7. The rider will not leave the emergency scene area without notifying the fire department officer to whom he was assigned or the incident commander.
8. Some of the station crews prepare meals such as dinner or breakfast. However, this is not an assured practice. The rider is urged to bring food for breakfast and/or lunch for a daylight shift. Some battalions make breakfast, so the rider may also want to bring cash to eat with the firefighters. The rider should bring money for a night shift if he desires to eat dinner with the fire fighters. Meals may range of cost from \$5.00 to \$10.00, depending on the menu. There are a lot of great cooks in the stations!
9. The rider may not leave the station he is assigned to without first notifying the officer to whom he is assigned. This would include trips next door to the store or down the street to an eatery. If the rider does leave the station, the officer WILL NOT wait for his return.
10. The Harrisburg Fire Department operates with SAFETY as its number one priority. The rider should be careful, use caution, and follow directions given to him.

THE CITY OF HARRISBURG FIRE DEPARTMENT

RELEASE AND WAIVER OF ALL CLAIMS AGREEMENT REGARDING RISK OF INJURY  
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I hereby apply to participate in the City of Harrisburg, Bureau of Fire's Ride Along Program whereby I will be assigned to ride with a Battalion Commander or other official during a normal shift.

I understand that while there are segregated restroom facilities and changing areas, the sleeping area is unisex. I understand that my bed will be in an area which may have both men and women sleeping.

I understand that by participating in the ride-along program I will expose myself to normal risks of injury or harm associated with attendance at emergency scenes and/or situations. Under no circumstances will any person be allowed to participate in this program without signing this waiver.

I agree that I am responsible for my own safety and the safety of those in my custody.

I hereby assume all risks and accept personal responsibility of damage to property or injury or death as it relates to my activities as defined in this Release and Waiver and hold the City of Harrisburg, its agents and representatives, the Office of the Fire Chief, and/or the Harrisburg Bureau of Fire and its employees harmless from any and all suits relating to this activity.

I hereby fully and forever release, discharge, and agree not to sue the City of Harrisburg, any of its officials, elected or appointed, employees, past or present, the Office of the Fire Chief, the Harrisburg Bureau of Fire and contractors, past or present, their officers, directors, agents, employees, representatives and successors for any loss, damage or expense brought on by me, anyone acting on my behalf, or anyone else because of conduct attributed to me.

I agree to obey all written and verbal commands given by the Battalion Commander or any other fire department officer. Failure to do so will result in my disqualification from the Ride Along Program.

I agree that, when at any emergency scene, I will immediately go to the safety line established for that scene. I will not enter any emergency scene unless accompanied by the Battalion Commander. I will wear all protective clothing issued to me.

I further agree to abide by any other rules and regulations set forth by the Fire Chief and any verbal commands given during the Ride Along Program.

I agree that this Release and Waiver shall be construed and interpreted according to the laws of the State of Pennsylvania, and venue of any dispute arising from this waiver shall be in the Court of Common Pleas, Dauphin County, Pennsylvania.

THE CITY OF HARRISBURG FIRE DEPARTMENT

RELEASE AND WAIVER OF ALL CLAIMS AGREEMENT REGARDING RISK OF INJURY

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If the person participating in the ride along program is under 18 years of age, then his/her parent/legal guardian(s) will also be required to sign and adopt this Release and Waiver. By signing this document it is understood that this Release and Waiver is binding to both the participant and his/her legal guardian(s).

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I understand this Release and Waiver.

Name of Rider: \_\_\_\_\_

Age of Rider: \_\_\_\_\_

DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rider's phone number: \_\_\_\_\_

School/Organization: \_\_\_\_\_

School/Organization contact and phone number: \_\_\_\_\_

Name of emergency contact and phone number: \_\_\_\_\_

\_\_\_\_\_ Signature of Rider

\_\_\_\_\_ Signature of representative of sponsoring agency

\_\_\_\_\_ Signature of parent or legal guardian

\_\_\_\_\_ Signature of Fire Chief

\_\_\_\_\_ Date of approval \_\_\_\_\_ Date of activity

\_\_\_\_\_ BATTALION \_\_\_\_\_ COMMANDER

THE CITY OF HARRISBURG FIRE DEPARTMENT MEDICAL TREATMENT CONSENT  
FORM

\_\_\_\_\_ Name of Rider

I am the parent/legal guardian of the above child/dependant and I am fully competent to sign this agreement. I understand that participating in the City of Harrisburg, Bureau of Fire's Ride Along Program may involve physical activities and that there is a risk of injury associated with this activity. I understand that if my child/dependant is injured, he/she may require medical treatment and that I may not be present at the time of the injury. Accordingly, as parent/legal guardian, I hereby give my consent for medical care provided by a paramedic, licensed medical nurse, physician's assistant or doctor of medicine/osteopathy under whatever condition is necessary to preserve life, limb, and well being of my child/dependant..

\_\_\_\_\_ Parent/Legal Guardian

\_\_\_\_\_ Print Name      \_\_\_\_\_ Relationship

Insurance Information

\_\_\_\_\_ Name of insurance company

\_\_\_\_\_ Policy number

\_\_\_\_\_ Group number