



# Burlington Fire Department



136 South Winooski Avenue  
Burlington, Vermont 05401-8378  
(802) 864-4554 • (802) 658-2700 (TTY)  
Business Fax (802) 864-5945 • Central Station Fax (802) 865-5387

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| <b>Section: 00- Administration</b>                            |                                     |
| <b>SOG Number: 00.05</b>                                      | <b>Effective Date: July 1, 2017</b> |
| <b>Subject: Release and Waiver of Liability for Observers</b> |                                     |
| <b>By Order of Fire Chief Steven A. Locke</b>                 |                                     |

## **I. Purpose:**

This SOG outlines the process for people to ride-along and observe the operations of the Burlington Fire Department.

## **II. Scope:**

This SOG is intended for all members of the Burlington Fire Department.

## **III. Definitions:**

Release and Waiver of Liability: This is the form that will be kept at the station where the individual rides along and observes.

Ride-along Application: This form shall be filled out before a person is allowed to participate in the program. This form when completed will be kept in the Deputy Chief of Administrations office. This form allows for a back ground check to be done should it be determined that it is needed.

## **IV. Guidelines:**

A. The following is the process for participating in the Ride-along program.

1. The interested party must fill out the Ride-along Application and submit it to the Deputy Chief of Administration for approval prior to participation in the program.

2. After the interested party is approved for participation they will be notified and instructed to schedule the ride-along with the Shift Commanders office.

3. The Shift Commander is responsible for scheduling the time the participant will be at the Burlington Fire Department and coordinating with the station where the individual will be riding. The master schedule for participants will be kept in the Shift Commanders office.

4. There will be no more than two riders at any given time and only one rider at any station. Riders that are not affiliated with a fire department shall not ride more than a 12-hour day shift and minors shall only ride until 4 pm. (Shift Commanders may adjust these times as required due to the day's activities.)

5. When the participant arrives at the station they will be required to sign the Release and Waiver of Liability form in front of a Burlington Fire Department member who will then sign as the witness. After the form is signed it will be placed in the Release and Waiver of Liability binders located at the station.

B. Attached are the release and waiver of Liability and the ride-along Application.

## V. **Responsibility:**

It is the responsibility of all members to read, understand and follow this Standard Operating Guideline

| Revision History |         |  |                  |
|------------------|---------|--|------------------|
| Revision Date    | Section | Summary                                    | Principal Author |
| July 1, 2017     | All     | Updated document to reflect new practices. | DC Brown         |



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## **RELEASE AND WAIVER OF LIABILITY FOR OBSERVERS/PARTICIPANTS/ VOLUNTEERS IN BURLINGTON FIRE DEPARTMENT PROGRAMS**

I, \_\_\_\_\_, acknowledge that I have received permission from the City of Burlington and its Burlington Fire Department (“City” or “BFD”) to observe and/or participate in certain programs of the BFD. This participation is at my request. I understand that the City has granted permission for my participation in a BFD program subject to terms and conditions listed below, a criminal records check (if required by the Chief Engineer or his designee) and subject to the completion of this Release and Waiver of Liability.

As a voluntary participant, I acknowledge the risks and danger inherent in being present during work performed by the BFD and its employees and other representatives, and I acknowledge the specific risk of being present in a BFD vehicle or being present while BFD staff may respond to calls for service. I understand that as a result of these risks, there is a potential for accident and injury to myself or others in the performance of this project. I acknowledge the potential hazards and am voluntarily participating in this project with the knowledge of the danger involved and agree to accept any and all risks of injury, including death, which may occur as a result of my participation. I understand that as a volunteer, I will not be covered by any City insurance program or benefit, to include general liability insurance or worker’s compensation coverage.

As lawful consideration for being permitted by the City to participate in this program, I agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against or sue the City or its agents for injury or damage resulting from my participation or work on this project. I waive any cause of action or claim, or any other acts however caused, against the City or its agents and in particular, the employees or Commissioners of the Burlington Fire Department. I discharge and release the City and its agents from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives and assigns now have or may hereafter have for injury or damage resulting from my participation or presence or otherwise in my presence in this program. I further acknowledge that the City is not liable for any injury or accident that I may cause, or that I may be alleged to have caused, to any other person or property as a result of my participation in the program and that I shall be solely liable for the defense of such claims and for the resulting costs and damages, if any, from such claims.

I affirm that I have no medical condition that will be adversely affected by my participation in this program and I am not currently under the influence of any controlled substances or alcohol.

I understand that I may hear or learn certain information by my presence or participation in this program that would be confidential to members of the Burlington Fire Department and the people that it serves. I agree not to disclose any personal information obtained during a call for service or other Fire investigation or personnel matters regarding employees of the City or Department.

I agree that the following additional terms and conditions apply to my participation in the project: 1) I agree that I am responsible for understanding and for fully complying with all safety requirements outlined by the BFD during my participation in the program; 2) I understand that BFD staff will monitor the participation and presence by volunteers and I agree that if any City or BFD representative direct me to stop my participation or to remove myself from the area, I am obligated and agree to follow such directive.

|  |          |
|--|----------|
| Do you have a criminal action pending and/or a conviction? | YES / NO |
| Do we have your permission to check your criminal history? | YES / NO |
| Have you read and do you understand the above guidelines?  | YES / NO |

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I HAVE SIGNED IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

**RIDE-ALONG APPLICATION**

**Those who wish to participate in a ride-along must contact the Deputy Chief of Administration at (802)658-7662.**

**Completed applications may be emailed to: [pbrown@burlingtonvt.gov](mailto:pbrown@burlingtonvt.gov)**

PREFERRED DAY OF WEEK OR DATE:

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PREFERRED TIME BLOCK (day or full 24-hour shift)

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NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

---

Street/City/State/Zip

E-MAIL ADDRESS:

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LICENSE STATE/PID # (used for the background):

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Do you have a criminal action pending and/or a conviction? YES / NO

**Do we have your permission to check your criminal history?** YES / NO

Have you read and **do you understand** the ride-along guidelines? YES / NO

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Would you like to be contacted by a Fire Department Recruiter? YES / NO

If you would like to contact the Recruiter on your own, please call (802) 658-7662.

**BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE YOU HAVE READ AND AGREE TO THE FOLLOWING GUIDELINES:**

- Participants will make arrangements for transportation to and from the fire department.
- Participants will wear work attire in good repair (we suggest dark blue pants and shirt, polo or t-shirt with fire dept. logo or no logo with black boots or shoes). If the rider has bunker gear they should bring it and wear it on fire calls or as directed.
- Participants will wear the BFD provided identification during the ride-along.
- Participants will comply with department policies and procedures by using the seat belt and other safety equipment in the fire vehicle.
- Participants will not videotape, audiotape or photograph interactions with their host employee unless they receive advance permission from the host employee and the supervisor in charge. Video and audiotapes are **not** permitted in fire vehicles.
- Participants may need to be dropped off in a safe location if their host employee responds to an inherently dangerous call for service. Participants will wait at the arranged drop location for someone to pick them up.
- Participants are encouraged to ask questions about the Department's work. However, bear in mind your host employee may not have all the answers. Host employees also need to listen carefully to radio transmissions so please refrain from asking questions or speaking when there is radio traffic.
- Participants will not interfere in any way with the host employee's handling of a situation. You may ask questions after a matter has been handled and you have left the area.
- Participants may observe an event during the ride-along which might require their appearance in court as a witness. They may also witness events or come into contact with people's personal and confidential information. Participants agree not to discuss the names or personal information of the people encountered during ride-alongs. This is confidential, protected information.
- Participants must sign a waiver of liability form (see next page). In the case of a minor, a parent or guardian, must sign the waiver. In essence, the waiver releases the City of Burlington and its employees from liability.
- Participants must present valid government issued identification when they arrive for their ride-along.
- Participants' ride-alongs may be cancelled or modified by the employee in charge to accommodate department needs.

You will be contacted as soon as your application is approved or if we have any questions.

**Additionally, I hereby waive any right and/or cause of action that I may have against the City of Burlington, the Burlington Fire Department or any employees I encounter which may arise from my participation in the Ride-Along Program.**

\_\_\_\_\_  
Signature of Applicant: Date

\_\_\_\_\_  
Signature of Parent or Guardian if applicant is a minor: Date

Person to be contacted in the event of an emergency:

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

Phone number: \_\_\_\_\_

Application Received by: \_\_\_\_\_

Record check (attached if applicable) conducted by: \_\_\_\_\_

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

Approved by: \_\_\_\_\_ Date:

\_\_\_\_\_

Denied by, and Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant notified (date): \_\_\_\_\_

\_\_\_\_\_