Miami-Dade Fire Rescue Department
Office of the Fire Chief
9300 NW 41st Street
Doral, Florida 33178-2414
T 786-331-5000 F 786-331-5101

MIAMI-DADE FIRE RESCUE DEPARTMENT
REQUEST FOR PERMISSION TO PARTICIPATE
HOLD-HARMLESS AGREEMENT

I, _____ for myself, and for my heirs, executors, administrators, and any other person claiming for me or on my behalf, in consideration of the special attention and benefits provided to me by the Miami-Dade Fire Rescue Department, I hereby relinquish any and all rights to sue, and waive and release any and all claims for damages against the Miami-Dade Fire Rescue Department and Miami-Dade County, including its departments, commissions, boards, employees or agents, (collectively, "MDFR"); regarding the: **Rider Program** ("Event/Program" and Date(s)), and their respective employees, agents, officers, directors, members, successors, and assigns, for any and all types of economic loss or injury to person or property, including disability or catastrophic injury or death, however, wherever, or whenever it may occur as a result of my participation in activities at the Event/Program. This relinquishment of all rights to sue, and release and waiver of all claims, for damages, applies regardless of whether the loss or injury to person or property was caused by negligence, defective or dangerous conditions or vehicles, personal or real property, trees, streets and sidewalks and utility service facilities, strict product liability, breach of warranty or breach of contract, willful misconduct of any person or any other theory of liability.

THE UNDERSIGNED (PARTICIPANT), being eighteen years of age or older, does hereby request the Miami-Dade Fire Rescue Department of Miami-Dade County, Florida, to allow me to participate in this event, program, and/or practices by an authorized representative of the Miami-Dade Fire Rescue Department at an authorized facility, in a practical field environment, or in an authorized Miami-Dade Fire Rescue Department vehicle. If permission is granted, I hereby agree to always obey all instructions, orders and commands given to me by the officer or officers in command of the training or instruction exercise. (If under eighteen years of age complete section 2-YOUTH).

I FULLY REALIZE AND APPROCIATE THE BASIC NATURE OF FIRE RESCUE AND EMERGENCY SERVICE WORK AND THE POSSIBILITY THAT SITUATIONS WILL ARISE WHICH MIGHT RESULT IN MY BEING EXPOSED TO DANGER INCLUDING, BUT NOT LIMITED TO, INFECTIOUS DISEASES, MOTOR VEHICLE, AIRCRAFT, OR BOATING ACCIDENTS; ANY INTENTION OR NEGLIGENT ACTS OR OMISSIONS BY ME, OR ANY OFFICE, EMPLOYEE OR AGENT OF MIAMI-DADE COUNTY, OR MALFUNCTION OF EQUIPMENT USED DURING TRAINING OR INSTRUCTION.

THEREFORE; in consideration for the benefit to be received and the granting of the above request, I hereby agree to hold Miami-Dade County, its Board of County Commissioners, its employees, agents and servants harmless from all liability for property damage, physical harm, personal injury or death arising out of participating, observing and riding with rescue services, and I further agree to waive all rights or claims to damages, legal or equitable, arising out of any intentional, unintentional or negligent acts or omissions by me, or any officer, employee, or agent of Miami-Dade County, or a malfunction of any equipment used during observation ride(s).

The undersigned acknowledges that this agreement has been read, understood, fully explained, and all questions regarding it have been answered. I understand and voluntarily assume all known and unknown risks associated with observing and/or participating in fire rescue and emergency services activities, including but not limited to the risk of personal injury, illness, property damage, or death. This agreement shall remain in effect for the duration of the Event/Program and any related or preparatory activities occurring before or after the Event date.

_____ _____
PARTICIPANT'S PRINT NAME **PARTICIPANT'S SIGNATURE**

ADDRESS:_____

Over 18 years old: Y / N **PHONE NUMBER:** _____

EMAIL ADDRESS: _____

_____N/A_____ _____N/A_____
MDFR Representative/Witness Signature **MDFR Representative/Print Name**

MIAMI-DADE FIRE RESCUE DEPARTMENT
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SECTION 1

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this

_____ day of _____, 20_____by_____, who ☐ is

personally known to me or ☐ produced a _____ as identification, regarding the attached instrument described as **HOLD-HARMLESS AGREEMENT** and to whose signature whose notarization apply.

SEAL/STAMP

_____
NOTARY PUBLIC NAME

_____
NOTARY PUBLIC SIGANTURE

SECTION 2

Must be completed by parents of youth under 18 years of age.

STATE OF FLORIDA
COUNTY OF _____

I certify that I am the parent or legal guardian of _____ who is under eighteen years of age. We have read and understand the-MIAMI-DADE FIRE RESCUE DEPARTMENT REQUEST FOR PERMISSION TO PARTICIPATE (OBSERVER/RIDER) HOLD-HARMLESS AGREEMENT-YOUTH and agree to allow our youth to participate as an observer/rider and to the terms and conditions set forth therein.

LEGAL GUARDIAN'S NAME: _____

LEGAL GUARDIAN'S SIGNATURE: _____ **DATE:** _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this

_____ day of _____, 20_____by_____, who ☐ is

personally known to me or ☐ produced a _____ as identification, regarding the attached instrument described as **HOLD-HARMLESS AGREEMENT** and to whose signature whose notarization apply.

SEAL/STAMP

_____
NOTARY PUBLIC NAME

_____
NOTARY PUBLIC SIGNATURE