



**BENTON COUNTY FIRE PROTECTION DISTRICT #2**

P.O. Box 719. Benton City, WA. 99320  
Station 210: 1304 Dale, Station 220: 49504 N. Whitmore P.R N.W  
Phone: 509-588-3212 Fax: 509-588-4343

**RELEASE OF LIABILITY**

I apply to participate in the BCFPD 2 Ride-Along Program (Program) and agree to the following:

1. I understand that participating in the Program referenced above carries dangers and risks and I knowingly assume all risk of any resulting personal injuries including, but not limited to: falling; tripping; bumping; strains and injuries to back, spine, bone, joint, head, neck or muscles; or cuts, scrapes; choking; allergies; heat stroke; heat exhaustion; sunburn or other injuries or death; and any resulting damage to or loss of my property
2. I waive and relinquish all claims on any basis, including but not limited to negligence, I may now have or might otherwise make in the future resulting from my participation in the Program against the Benton County Fire Protection District # 2 (BCFPD 2) and its officers, agents, servants and employees. Further, I agree to indemnify, defend and hold harmless BCFPD 2 against any claims by any person, firm or corporation arising from my participation in the Program referenced above, including claims already made and claims that may be made in the future.
3. I agree to pay for any damage to District property resulting from my participation in the Program directly to BCFPD 2 within thirty days of receiving a statement of damage owed.
4. In case of emergency, I authorize the District officials to secure from any licensed ambulance, emergency medical services provider, hospital, physician, and other medical personnel any treatment deemed necessary for my immediate care. I will be responsible for the payment for all care and treatment rendered.
5. I also give permission for disseminating media coverage of my participation in the Program for public relations purposes without any personal compensation.
6. This Acknowledgement of Risk and Release is valid for a period of \_\_\_\_\_  
\_\_\_\_\_ from the date executed below.

I acknowledge and understand this BCFPD 2 Acknowledgement of the Release of Liability. Neither party can orally modify this Acknowledgement of the Release of Liability.

**APPLICANT:**

\_\_\_\_\_  
*Name (printed) Signature Date*

*(Complete the following if there will be participation by a minor child)*

**MINOR CHILD’S PARENT OR GUARDIAN ACKNOWLEDGEMENT OF RISK AND RELEASE**

I, the undersigned, agree to the following:  
I am the parent or legal guardian of the minor child named above. I have read and understand the BCFPD 2 Acknowledgement of the Release of Liability. On behalf of the named minor child and myself, I agree to this Acknowledgement of the Release of Liability.

\_\_\_\_\_  
*Name of Parent or Guardian (printed) Parent or Guardian Signature*

\_\_\_\_\_  
*Printed Name of Minor Child Date*