



OZARK FIRE PROTECTION DISTRICT

604 N. 3rd Street
P.O. Box 917
Ozark, MO 65721
Phone: (417) 581-4436
Fax: (417) 581-4496



RIDE-ALONG WAIVER

I, _____ hereby request to be allowed to act as an observer with the Ozark Fire Protection District.

Request is made on this _____ day of _____, _____

I understand that in the event of an accident where I may suffer an injury during this observation period that my personal insurance for disability and/or health coverage shall be the primary agency to cover expenses prior to any payment being submitted to the insurance rider of the Ozark Fire Protection District.

During this observation period, I will follow the directions issued by any OFPD officer and adhere to department policies that may apply during this period.

Ride-out / observer:

- Shall not participate in emergency operations.
- Shall not enter any designated hazard area.
- Shall remain at or near OFPD apparatus while on scene.
- Shall follow all directions given by Command Officers.

Signature

Date

Witness

Date

Captain

Date

Chief Officer

Date