

**Campbell County Public Safety**  
**RIDE-ALONG WAIVER**  
**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE**  
**WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**  
**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, age \_\_\_\_\_, have made a voluntary request to ride in a vehicle assigned, leased, owned, Operated, or otherwise in use by the Campbell County Department of Public Safety and/or one of the Campbell County Fire Departments or Campbell County Rescue Squads. I have also made a voluntary request to accompany personnel during the performance of their official duties.

In consideration of the permission given to me to participate in a ride-along program, I do hereby agree:

1. That I am aware that the work of the Department of Public Safety is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying personnel during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with fire, explosion, gas, electrocution, hazardous materials, medical emergencies, or the use of weapons, unlawful acts, or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace while accompanying personnel during the performance of their official duties.

2. That the County of Campbell, Aubrey Cheatham, Director of Public Safety for the County of Campbell, his sureties, all personnel of the Department of Public Safety, their sureties, and each of them, shall not be held responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned, leased, owned, operated, or otherwise in use by the Campbell County Department of Public Safety and/or any of the Campbell County Fire Departments and/or Campbell County Rescue Squads or while accompanying any personnel of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any personnel of said department(s).

3. For myself, my heirs, my executors, administrators, and assigns, to release, indemnify, protect, defend, and hold the County of Campbell, the Campbell County Department of Public Safety, and all officers, employees, supervisors, volunteers, and others employed or providing service for said department(s), harmless from all liability, obligations, losses, claims, demands, damages, actions, suits, proceedings, costs, and expenses, including attorney fees, of any kind or nature whatsoever, whether suffered, made, instituted, or asserted by me, my heirs, executors, administrators, and assigns, or by any other entity, party or person for any personal injury to or death of any person or persons for any loss, damage, or destruction of any property, whether owned by the County of Campbell or not, arising out of, connected with or resulting directly or indirectly from my participation in the ride-along program and which arises by reason of any actual or claims negligent or wrongful act or omission of mine that occurs while riding in any vehicle assigned, leased, owned, operated, or otherwise in use by the Campbell County Department of Public Safety and/or any of the Campbell County Fire Departments and/or Campbell County Rescue Squads or in otherwise participating in the ride-along program. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the ride-along program.

4. In addition to the above I also agree that I understand that Campbell County Public Safety provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Campbell County Public Safety's patients. I understand that it is necessary, in the rendering of Campbell County Public Safety services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected from improper use and disclosure by federal and state laws. I agree that I will comply with all confidentiality and security policies and procedures set in place by Campbell County Public Safety during my experience as a ride-along with Campbell County Public Safety. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of Campbell County Public Safety immediately. I also understand that I may be exposed to other confidential or proprietary information of Campbell County Public Safety and I agree not to reveal any of that information to anyone at any time. In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to ride-along. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a ride-along will stay here at Campbell County Public Safety when I leave. I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to otherwise observe Campbell County Public Safety activities will be terminated.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Name (print or type): \_\_\_\_\_

Or for minor, Parent or Guardian (print or type): \_\_\_\_\_

DO NOT SIGN or date this document until in the presence of a witness from the Department of Public Safety or an Officer of the Fire Department and/or Rescue Squad that will be hosting the ride-along participant.

\_\_\_\_\_  
Applicant Signature                      Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (for minor)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date