



Steamboat Springs Fire-Rescue

P.O. Box 775088
2600 Pine Grove Road
Steamboat Springs, CO 80477
Phone: (970)879-7170



INDEMNIFICATION AND RELEASE AGREEMENT

A. In consideration for being permitted to perform the below-described activities, _____ (“Participant”) agrees to indemnify and hold harmless the City of Steamboat Springs, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, release of protected health information, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the below-described activities, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, negligence, or other fault on the part of Participant.

B. Participant understands that the below-described activities may involve risks of injury, loss, or damage to Participant, including but not limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. By signing this agreement, Participant expressly agrees to assume any and all such risks. In addition, in consideration for being permitting to perform the below-described activities, Participant, hereby expressly exempts and releases the City of Steamboat Springs, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, demands, on account of injury, loss or damage to Participant including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, or property loss or damage, that Participant may incur as a result of being upon the premises of the City of Steamboat Springs, its officers, or its employees, or from any other cause whatsoever relating to the activities described below.

C. Ride-along with Steamboat Springs Fire and Rescue pursuant to Ride along Policy and Procedures. Participant acknowledges that the work performed by Steamboat Springs Fire Rescue is inherently dangerous and that participation in this activity may subject Participant to the risk of death or personal injury, or damage to my property, by accompanying Steamboat Springs Fire Rescue officers while on duty. Participation in this activity may include, without limitation, exposure to risks of traffic accidents and dangerous road conditions, scenes of public disorder or breaches of the peace, fires, explosions, hazardous substances, electrocution, contagious disease, and biological hazards.

D. Preferred dates for Ride Along:

E. Participant affirms that Participant and/or Participant Guardian is an adult of at least eighteen years of age, has read this Agreement, fully understands its terms, and that Participant has given up substantial rights by signing this Agreement, and has signed it freely and voluntarily without any inducement, assurance, or guarantee being made and intend the signature below to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Executed this ____ day of _____, 20__ by the City of Steamboat Springs and the person whose name and signature appear below.

Signature ride-along participant

Signature of Parent/Guardian

Printed Name

Printed Name



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Steamboat Springs Fire Rescue Student / Mentorship Ride-Along Acknowledgement of Active Rider Status

By my signature below I, _____
(Parent/Guardian)

the parent / legal guardian of, _____
(Student Rider)

Hereby give permission for the aforementioned student to participate in a Student / Mentorship Ride-Along with the Steamboat Springs Fire Rescue (SSFR).

By my signature below I further acknowledge the following:

-Students are placed under the direct supervision of the active line officer supervising the department's daily activities and 911 responses. ____ (initials)

-Students will observe daily activities and respond to 911 emergencies on in-service fire and emergency apparatus. ____ (initials)

-Students will be present on actual emergency scenes during emergency response activities. _____ (initials)

-Although SSFR officers will employ discretion whenever possible and attempt to expose students to only age appropriate experiences the provision of emergency services occur in dynamic and unpredictable environments, it is possible that students may be exposed to any number of situations that would normally be avoided for an individual of student age. It is possible that by participating in a student ride-along a student may observe; obscene language, nudity, drug or alcohol abuse, extreme injury or death, verbal or physical abuse, sexual abuse, violence, and many other age inappropriate situations. In the event that a student is exposed to any situation of concern every effort shall be made to contact the students' legal guardian and/or student advisor to discuss the exposure. _____ (initials)

Signature Parent / Legal Guardian

Printed Name

Signature Student

Printed Name



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HIPAA Privacy Rule Confidentiality Agreement

As a participant in the Steamboat Springs Ride-Along Program, you may become aware of protected health information (PHI) that is confidential in nature. Disclosure of PHI is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please indicate your understanding of the following HIPAA information with your initials.

_____ PHI is any “individually identifiable health information,” which includes information about an individual’s past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present or future payment for the provision of health care to the individual.

_____ PHI includes information that identifies the individual or which can reasonable be used to identify the individual. Individually identifiable information includes many common identifiers such as name, address, birth date, and Social Security number.

_____ HIPAA prohibits the unauthorized disclosure of PHI to anyone outside the organization, whether oral, written, photographic, video or electronic.

_____ I agree that I am required as a ride-along participant with the Steamboat Springs Fire Rescue to comply with all confidentiality policies during my entire experience with the organization.

_____ I understand that potential civil penalties for unauthorized disclosure of PHI are \$100 for each violation, up to a maximum of \$25,000 per year for all violations. Criminal penalties can include one to 10 years of prison with financial penalties ranging from \$50,000 to \$250,000 for violations knowingly committed under false pretenses or with the intent to use PHI for malicious harm, personal gain or commercial advantage.

_____ If I, at any time, knowingly or inadvertently breach these patient confidentiality policies, I agree to notify the Deputy Fire Chief immediately. In addition, I understand that a breach of patient confidentiality may result in my own personal liability, the termination of my privileges to ride with Steamboat Springs Fire Rescue. It may also include the recommendation by this department for disciplinary action by my sponsoring agency, if applicable.

_____ I understand that I am prohibited from taking pictures or using personal cell phones, texting, e-mailing, or posting any information to social media or other outlets with regard to any PHI.

I have read and fully understand the HIPAA confidentiality agreement and agree to all conditions set forth as a condition of my ride-along.

Signature of participant

Date

Printed name of participant