

Shift: ___ R/C Approval Date ___ Date for trng calendar ___ Date Exp Ride Form Received ___

Colorado Springs Fire Department
Permission to Ride/Release

I, _____, hereby request permission to ride as an observer and accompany fire unit _____ on _____ from the hours of _____ to _____ and state that I am over the age of 18.

My address is _____, my phone numbers are (home) _____, (work) _____.

I am an applicant for the Colorado Springs Fire Department (circle one) YES/NO.

Attached is a letter from my work supervisor, fire department employee, or a statement of what I wish to learn or expect to gain from my ride.

(A letter is not required for a CSFD Explorer.)

Reason for request:

I, _____, hereby release the City of Colorado Springs, the Colorado Springs Fire Department, its servants, agents and assigns, from any liability or responsibility for any bodily injury or damage to property while participating in the above activity.

Rider's Signature Date: _____

Parent's Signature Date: _____

In case of emergency, the following individual is to be notified (**print**):

Name: _____
Address: _____
Phone: _____

Approved: _____ Date: _____
Chief Officer's or Explorer Advisor's signature