

**Colorado Springs Fire Department
Permission to Ride/Release**

Shift you are riding on: _____

Ride coordinator approval date _____ (date the coordinator told you it was approved)

Date your ride was placed on the CSFD training calendar _____

Date completed Explorer Ride Form was turned into Captain Broch _____ (not this form)

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.

In the reason for ride request blanks below is a statement of what I wish to learn or expect to gain from my ride.

Reason for ride 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