



**Colorado Springs Fire Department
Ride Release/Consent**

I/we, the undersigned parent, or parents of _____
recognize that the Colorado Springs Fire Department has an Explorer Program whereby my/our son or daughter will participate and may from time to time ride on emergency vehicles. I/we understand that the insurance policy of the Colorado Springs Fire Department would not cover my/our son or daughter and that any insurance coverage for injury would be by my/our insurance coverage or insurance policies issued by Learning-For-Life. I/we however, desire that my/our son or daughter participate in the activities of the Colorado Springs Fire Department involving Explorer Post 1894.

I/we grant permission and consent for my/our son or daughter to participate in the activities of the Explorer Post 1894 relating to the Colorado Springs Fire Department.

I/we release the City of Colorado Springs, Colorado, and the Colorado Springs Fire Department and/or any of it's employees or voluntary personnel from all claims arising out of the participation of my son or daughter in the Explorer Program. I/we further agree to reimburse the Colorado Springs Fire Department for any amounts paid by the City arising out of any claim asserted against the City arising out of said participation. I/we agree that the Explorer Post Advisor or his appointee in his/her absence, or any member of the Colorado Springs Fire Department, may seek necessary emergency medical services in the event of accident or injury to my/our son or daughter.

Dated and Signed in Colorado Springs, Colorado, this _____ day of _____, 20_____

Phone numbers where I/we can be reached in case of emergency: _____

Name/phone number of doctor: _____

Insurance Carrier: _____ Insurance Policy #: _____

Parent/Guardian Signature: _____