

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY  
FIRE/EMS COMMITTEE**

**MODEL RELEASE AND HOLD HARMLESS AGREEMENT**

**RIDE ALONG PASSENGER**

In consideration of being allowed to ride as a passenger in a Fire Pumper vehicle of the \_\_\_\_\_, the undersigned, having attained the age of eighteen (18) years, for himself/herself, his/her heirs, executors, administrators and assigns by this instrument does hereby expressly stipulate and agree to release, discharge, indemnify, and forever hold harmless the \_\_\_\_\_, its assigns, agents, servants, and employees of and from all claims, demands, actions, or causes of action now existing or which may hereafter exist by reason of any damage, loss, or injury which heretofore has been or which may hereafter be sustained by the undersigned in consequence of his/her being a passenger in any fire rescue vehicle in the \_\_\_\_\_.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequence thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or are unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY  
FIRE/EMS COMMITTEE**

**MODEL EMERGENCY MEDICAL SERVICES  
RELEASE AND HOLD HARMLESS AGREEMENT  
RIDE ALONG PASSENGER**

I, by my signature below, hereby agree to indemnify and save harmless the \_\_\_\_\_ Emergency Medical Services, and all its agents and counterparts for any and all injuries and illnesses, whether minor, debilitating, or fatal, that may in whole or part be attributed to my association or involvement with \_\_\_\_\_ Emergency Medical Services. I further agree that any hardships, loss of income, or other inconveniences incurred during or pursuant to my association with \_\_\_\_\_ Emergency Medical Services shall not be deemed the responsibility of \_\_\_\_\_ Emergency Medical Services.

I understand that I am being offered the opportunity to ride with agents of \_\_\_\_\_ Emergency Medical Services in an observational capacity and, as such, I am not responsible for providing any specific services, labors, or expertise. Should I decide, during the course of any observational experience, to provide any such services, labors, or expertise, it shall be of my own accord and without liability to \_\_\_\_\_ Emergency Medical Services, and its agents and counterparts.

I further understand that should I decide to apply to \_\_\_\_\_ Emergency Medical Services for consideration for volunteer or employment status, this indemnification agreement shall at that time be considered null and void, and I will be responsible for providing specific information and making specific agreements with \_\_\_\_\_ Emergency Medical Services pursuant to the established requirements for gaining volunteer or employee status with \_\_\_\_\_ Emergency Medical Services.

I hereby sign this document freely and without threat or duress. Further, I sign this agreement attesting that I am at least eighteen (18) years of age and thus able to legally enter into this agreement. If I am under eighteen (18) years of age my signature is countersigned below by my parent(s) or legal guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (If underage, guardian must countersign next to your signature)

\_\_\_\_\_  
Print Name(s) here

\_\_\_\_\_  
Witness