



**Hutchinson Fire Department  
Ride-Along Program Release/Indemnity and Privacy Agreement**

**Release/Indemnify**

I, \_\_\_\_\_, in consideration of being permitted to participate in the Ride-along program and ride in a vehicle owned and operated by the City of Hutchinson, for the express purpose of observing or participating in operations and facilities of the City of Hutchinson Fire Department, the undersigned agrees to release and hold harmless the City of Hutchinson, its agents, employees and elected officials from and against all claims, costs and damages which arise out of or in any manner result from my participation in the Ride-Along program and related activities.

I further agree to indemnify, defend and hold harmless the City of Hutchinson, its agents and employees, any and all sums of money, damages, attorney’s fees cost or expenses that may be here after required, resulting from an injury or damage which I may cause during my participation in the Ride-Along program and related activities.

**Privacy**

I have been advised of the obligations of the Hutchinson Fire Department relative to the Health Insurance Portability and Accountability Act (HIPAA). I understand that disclosure of protected health information without the written consent of the patient will subject me to civil penalties under the federal law. Further, I understand that it is not the intent of the Hutchinson Fire Department to release protected health information to me; however, if I become aware of any individually identifying patient information, including but not limited to, birth date, social security number, name, address, telephone number, or anything else that could specifically identify an individual, I agree to keep the information confidential and not to disclose this information to any other person or entity.

I have carefully read the foregoing RELEASE/INDEMNITY AND PRIVACY AGREEMENT and understand its contents.

(Parent/Guardian) I have read and understand the above RELEASE/INDEMNITY AND PRIVACY AGREEMENT and further agree to its provision as they apply to my son/daughter. I further agree to assume full responsibility for my son/daughter, as it would pertain to the provisions above.

Home Address of Participant

Date of Birth (mm/dd/yy)

Emergency Contact Name/Printed

Emergency Contact Number

Emergency Contact Address

Physician’s Name

\_\_\_\_\_  
Signature of Participant

Date (mm/dd/yy)

Home/Cell Phone

\_\_\_\_\_  
Signature of Parent/Guardian – Relationship

Date (mm/dd/yy)

This waiver expires on the \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_

