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**REQUEST FOR PERMISSION TO RIDE AS AN OBSERVER WITH THE  
MIAMI-DADE FIRE RESCUE DEPARTMENT HOLD-HARMLESS AGREEMENT**

The undersigned (PARTICIPANT), being eighteen years of age or older, does hereby request the Miami-Dade Fire Rescue Department of Miami-Dade County, Florida, to allow the aforementioned to observe fire rescue and emergency service procedures, techniques, or practices by an authorized representative of the Miami-Dade Fire Rescue Department at an authorized facility, in a practical field environment, or in an authorized Miami-Dade Fire Rescue Department vehicle. If permission is granted, I hereby agree to obey at all times all instructions, orders and commands given me by the officer or officers in command of the training or instruction exercise. (If under eighteen years of age complete section 2).

I FULLY REALIZE AND APPRECIATE THE BASIC NATURE OF FIRE RESCUE AND EMERGENCY SERVICE WORK AND THE POSSIBILITY THAT SITUATIONS WILL ARISE WHICH MIGHT RESULT IN MY BEING EXPOSED TO DANGER INCLUDING, BUT NOT LIMITED TO, INFECTIOUS DISEASES, MOTOR VEHICLE, AIRCRAFT, OR BOATING ACCIDENTS; ANY INTENTION OR NEGLIGENT ACTS OR OMISSIONS BY ME, OR ANY OFFICER, EMPLOYEE OR AGENT OF MIAMI-DADE COUNTY, OR MALFUNCTION OF EQUIPMENT USED DURING TRAINING OR INSTRUCTION.

THEREFORE, in consideration for the educational benefit to be received and the granting of the above request, I hereby agree to hold Miami-Dade county, its Board of County Commissioners, its employees, agents, and servants harmless from all liability for property damage, physical harm, personal injury, or death arising out of riding and observing rescue services, and I further agree to waive all rights or claims to damages, legal or equitable, arising out of any intentional, unintentional or negligent acts or omissions by me, or any officer, employee, or agent of Miami-Dade County, or a malfunction of any equipment used during observation ride(s).

Appropriate dress code for observers will include dark colored slacks, dark colored flat shoes and a white shirt/blouse or an identifiable uniform, such as military or nurse. Dress attire must be approved by the Officer in charge of the unit.

In order to comply with the **Federal HIPAA (Health Insurance Portability Accountability Act) Law**, Miami-Dade Fire Rescue Department will NOT allow observers to film, take pictures or participate in any other activity that may violate patient confidentiality.

This agreement shall remain in effect for every occasion on which the participant requests and is granted permission to receive training or instruction.

The undersigned acknowledges that this agreement has been read, understood, fully explained, and all question regarding it have been answered.

\_\_\_\_\_  
Type Participant's Name

\_\_\_\_\_  
Participant's Address

Age: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

ALS Pre-Hospital Affiliation:      Yes                      No

\_\_\_\_\_  
Fire Rescue Department Employee Witness Signature

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

**Section 1**

I, the undersigned authority, hereby certify that the forgoing instrument is a true and correct copy of the instrument presented to me by \_\_\_\_\_ as the original of such instrument.

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ AD., 20\_\_\_\_\_.

Type of Identification:                      Driver License  
    Other: \_\_\_\_\_

\_\_\_\_\_  
Notary Public State of Florida

\_\_\_\_\_  
My Commission Expires:

**Section 2**

Must be completed by Parents of Youths under 18

I certify that I am the parent or legal guardian of \_\_\_\_\_ who is under eighteen years of age. We have read and understand the REQUEST FOR PERMISSION TO OBSERVE WITH THE MIAMI-DADE FIRE DEPARTMENT AND HOLD HARMLESS AGREEMENT-YOUTH, and we agree to allow our child to participate as an observer and to the terms and conditions set forth therein.

LEGAL GUARDIAN'S NAME: \_\_\_\_\_

LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Before me personally appeared \_\_\_\_\_ and \_\_\_\_\_  
to me well known and known to me to be the person described herein and who exacted the foregoing instrument,  
and acknowledged to and before me that \_\_\_\_\_ executed said instrument for the purposes  
therein expressed. to me

WITNESS my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ AD., 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public State of Florida at Large

My Commission Expires: \_\_\_\_\_

\*Applications submitted by mail must be NOTARIZED.