

Fire Chief
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Asst. Fire Chief
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City of Willowick

Department of Fire

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RIDE-ALONG PROGRAM WAIVER

The undersigned in consideration for the permission granted by the City of Willowick to the undersigned to serve with the Willowick Fire Department and Emergency Rescue Service thereby does for himself / herself, his / her heirs, executors, administrators, and assigns release, acquit and forever discharge the City of Willowick, its officials, employees and insurers, of and from any and all past, present, and future, actions, causes of actions, claims, demands, damages, costs, loss of services, expenses, compensation, third party actions, suits at law or in equity, including claims or suits for contribution and/or indemnity of whatever nature and all consequential damages on account of or in any way growing out of any and all accidents, personal injuries, or death, resulting from or incurred during the course of his / her service with the Willowick Fire Department and/or Emergency Rescue Service.

The undersigned further agrees that he / she will defend any suit or proceeding brought against the City of Willowick, its officials, employees or insurers, so far as based on a claim for bodily injury or death to the undersigned resulting from accidents that occurred during the course or period of service of the undersigned with the Willowick Fire Department and/or Emergency Rescue Service, if the undersigned is notified promptly in writing and given authority, information and assistance for the defense of same and the undersigned shall pay all damages and costs awarded therein against the City of Willowick, its officials, employees and/or insurers, arising out of such claim or claims.

The undersigned acknowledges that he / she has read this Waiver and that he / she has been made fully aware of the potential dangers of participating in Fire Department and/or Emergency Rescue Service duties. The undersigned further acknowledges that this Waiver contains the entire agreement between the parties hereto and the terms of this Waiver are contractual and not a mere recital. It is further acknowledged that the undersigned is signing this Waiver as his / her own free act and deed.

Witness my hand at Willowick, Ohio, this _____ day of _____, 20____.

Rider's Name: _____
Printed

Rider's Signature: _____
Signed

Address: _____

City/State/Zip Code: _____

Witness(s): Fire Department members

1. _____ 2. _____

This waiver form is valid for the following dates/times:

1. Dates/times _____, _____

2. Dates/times _____, _____

Return original copy to Chief's Office – copy to individual