HARRISON TOWNSHIP FIRE DEPARTMENT
VISITORS RELEASE FORM

MUST BE SUBMITTED ONE (1) WEEK IN ADVANCE

(CHECK ONE)

AMBULANCE ______ FIRE ______

COULD YOU PLEASE EXPLAIN YOUR REASONS FOR WANTING TO RIDE ALONG WITH HARRISON TOWNSHIP?
______________________________________________________________________________________________
______________________________________________________________________________________________

HAVE YOU EVER PARTICIPATED IN A RIDE ALONG BEFORE? YES OR NO

IF YES, WHERE AND DATE ________________________________________________________________

I (Please Print Name) ____________________________________________ HEREBY RELEASE HARRISON TOWNSHIP
FIRE DEPARTMENT AND HARRISON TOWNSHIP MONTGOMERY COUNTY, OHIO, AND ITS EMPLOYEES OF ALL
LIABILITY IN THE EVENT THAT THE UNDERSIGNED SUSTAINS ANY INJURIES WHILE RIDING IN OR UPON TOWNSHIP
VEHICLES OR WHILE ACCOMPANYING TOWNSHIP EMPLOYEES IN THE COURSE OF THEIR DUTIES.

RIDE ALONG TIME ONLY PERMITTED BETWEEN 0700 – 1900 HOURS.

NO EXCEPTIONS

Please Initial

SIGNATURE ____________________________________________

PHONE NUMBER (s) ___________________________________

TODAY’S DATE _________________________________________

ORGANIZATION _________________________________________

ARE YOU AN EMT or PARAMEDIC STUDENT?

DATE REQUESTED TO RIDE ALONG ______________________

(A separate form for each date is required)

TIME REQUESTED TO RIDE ALONG ______________________

HARRISON TOWNSHIP FIRE DEPARTMENT IS IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996 (HIPAA). WE ARE COMMITTED TO PROTECTING THE CONFIDENTIALITY OF
PROTECTED HEALTH INFORMATION (PHI) AND MAINTAINING THE INFORMATION IN A SECURE AREA. I
UNDERSTAND THAT ALL PATIENT INFORMATION MUST BE KEPT CONFIDENTIAL.

SIGNATURE ____________________________________________ DATE ______________________

WITNESS _____________________________________________ DATE ______________________

FOR OFFICE USE ONLY

ASSIGNED BATALLION CHIEF _____________________________ ASSIGNED SHIFT ______

TWP. PERSONNEL ASSIGNED TO TRAINING ________________________ STATION #: ______

B/C’S SIGNATURE: __________________________________________ DATE ______________________

FIRE CHIEF APPROVAL ______________________________________ DATE ______________________

REVISED 05/20

MUST SUBMIT A PICTURE ID WITH THIS FORM