



*"Commitment to Excellence"*

No. 13049

**Student Ride-Along Agreement, by and between**

**THE CITY OF Pompano Beach, a municipal corporation**

**And**

**THE CITY OF CORAL SPRINGS, dba CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY, a municipal corporation**

**THIS AGREEMENT** is made and entered into on \_\_\_\_\_ by and between the **CITY OF POMPANO BEACH**, Broward County, Florida (hereinafter referred to as "Pompano Beach"), whose principal place of business is located at 100 W Atlantic Blvd, Pompano Beach, Florida, 33060 and the City of Coral Springs dba **CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY** (hereinafter referred to as "CSRIPS"), a body corporate, whose principal place of business is located at 4180 NW 120 Avenue, Coral Springs Florida, 33065.

**WITNESSETH:**

**WHEREAS**, CSRIPS is conducting educational programs through its EMS Programs for the purpose of providing skilled workers for the health service industry in the fields of service described in Exhibit "A" which is attached hereto and incorporated herein by reference; and

**WHEREAS**, POMPANO BEACH has the clinical facilities necessary to assist in the provision of said educational programs and desires to participate in the educational programs for the benefit of the entire community; and

**WHEREAS**, CSRIPS submitted a written request dated November 4, 2025, expressing a desire to establish a Student Ride Agreement between the City of Coral Springs and the City of Pompano Beach, which is attached hereto and incorporated herein as Exhibit "C" (the "Agreement Request").

**NOW, THEREFORE**, in consideration of the premises and of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

**ARTICLE 1 - RECITALS**

1.01 **Recitals**. The Parties agree that the foregoing recitals are true and correct and that such recitals are incorporated herein by reference.



## **ARTICLE 2 - SPECIAL CONDITIONS**

2.1 **Program Purpose.** The education of the student shall be the primary purpose of the programs.

A. In accordance with the terms and conditions of this Agreement:

1. CSRIPS will select and assign its Paramedic/EMT students to participate in a clinical ride-along program with POMPANO BEACH Fire Rescue/Emergency Medical Services Department;  
and
2. POMPANO BEACH will accept the students assigned by CSRIPS to the Clinical ride-along program subject to the terms and conditions as outlined herein.

2.2 **Term of Agreement.** The term of this Agreement shall become effective upon full execution by both parties ("Effective Date") as provided for herein and shall remain in effect for five (5) years from said date or unless otherwise terminated as provided herein. The parties may renew the Agreement with POMPANO BEACH Commission approval upon the written mutual agreement of the parties or may terminate this Agreement as provided herein. The parties may renew this Agreement for one (1) additional five (5)-year term upon the written mutual agreement of the parties, subject to Pompano Beach commission approval, or may terminate this Agreement as otherwise provided herein. This Agreement shall not become effective until fully executed by both parties.

2.3 **Instruction and Curriculum.** CSRIPS shall be responsible, at its sole expense, for provision of classroom instruction, the selection of students, establishment of curriculum, maintenance of records, evaluation of programs, and all educational experiences through the employment of certified instructors through compliance with the guidelines established by the Florida Department of Education, Emergency Medical Technician Paramedic: National Standard Curriculum (herein after referred to as "EMT-NSC") and within CSRIPS Policies and Procedures. All faculty provided by CSRIPS shall be duly licensed, certified or otherwise qualified to participate in the program. Neither CSRIPS or any participating student or faculty member shall interfere with or adversely affect the POMPANO BEACH operations or the POMPANO BEACH provision of health care services.

2.4 **Telephone Consultation.** CSRIPS shall provide faculty or school administration for consultation with POMPANO BEACH or its' agents by telephone at any given time during which students are on POMPANO BEACH's premises or vehicle without supervision by a CSRIPS instructor.



2.5 **Course Materials.** Upon request, CSRIPS shall provide POMPANO BEACH with copies of its current course outlines, course objectives, curriculum, philosophy and a list of faculty and their qualifications.

2.6 **Educational Plan.** CSRIPS faculty will prepare an educational plan in conjunction with POMPANO BEACH staff prior to the placement of students with POMPANO BEACH. The clinical experience to be provided to students shall be specified in writing and shall be based upon the needs of the student to satisfy the objectives of the program. The participation of the students in the program shall be limited to the activities applicable to that student and as required by the EMT-NSC. The faculty shall be responsible for maintaining cooperative relationships with POMPANO BEACH staff. POMPANO BEACH shall provide opportunities for participating students to observe and assist in various aspects of patient care, consistent with the training requirements of EMT- NSC. CSRIPS warrants that the students selected to participate in the clinical program have met the minimum education requirements as required by EMT- NSC prior to participating in the clinical program.

2.7 **Approval/Accreditation Status.** Through its administrators and faculty, CSRIPS shall maintain or obtain within sixty days after the execution of this Agreement by both party's approval/accreditation status for those programs specified in Exhibit "B" which is attached hereto and incorporated herein by reference. Upon request, CSRIPS shall provide POMPANO BEACH with proof of continued national accreditation for those programs specified in Exhibit "B".

2.8 **Student Orientation.** CSRIPS and POMPANO BEACH shall provide an orientation for the students prior to the student's commencement of the clinical educational experiences. Participating students and faculty will be required by POMPANO BEACH to execute a Hold Harmless Agreement substantially complying with the form provided by POMPANO BEACH attached hereto and incorporated herein as Exhibit "D." POMPANO BEACH reserves the right to deny acceptance or terminate continued participation in the program to any student(s) that refuse to execute a Hold Harmless Agreement.

2.9 **Student Evaluation.** Upon the request of CSRIPS, POMPANO BEACH shall assist in the evaluation of students' performance. However, CSRIPS shall be responsible for guidance, direction and supervision of students participating in the program. POMPANO BEACH shall be responsible at all times for patient care and shall have the right to terminate a students' participation at any time during his/her participation in the program for failure to adhere to POMPANO BEACH policies and procedures.



2.10 **Patient Confidentiality.** CSRIPS and its participating students and faculty shall keep strictly confidential and hold in trust all confidential information of POMPANO BEACH and/or its patients and shall not disclose or reveal any confidential information to any third party without the express prior written consent of the patient and POMPANO BEACH. Participating students and faculty will be to strictly adhere to the confidentiality provisions set forth in the Hold Harmless Agreement. CSRIPS and its participating students and faculty shall comply with any applicable state or federal laws or regulations concerning patient confidentiality or protected health information and will strictly adhere to the provisions set forth by HIPAA. Unauthorized disclosure of confidential information, patient information or protected health information shall be a material breach of this Agreement and shall constitute cause for the immediate termination of this Agreement. CSRIPS shall immediately notify the POMPANO BEACH of any known unauthorized disclosure of confidential information, patient information or protected health information that comes to its knowledge. CSRIPS will not enter into any contracts with third persons to whom confidential information, patient information or protected health information would be provided without the express written consent of the POMPANO BEACH and the imposition upon such third persons of the same duty to safeguard said information. CSRIPS records relating to the use and disclosure of said information shall be available to inspection upon reasonable notice to the POMPANO BEACH or any federal or state authority entitled to access to such information. The provisions of this section shall survive the expiration or termination of this Agreement.

2.11 **Number of Assigned Students.** CSRIPS and the POMPANO BEACH agree that the determination of the number of students to be assigned to POMPANO BEACH shall be a mutual decision based on a variety of factors including, but not limited to, staff, space, availability and the number of students enrolled in the program. However, the final decision as to the number of students accepted into the program by POMPANO BEACH and their assignments shall be made by POMPANO BEACH.

2.12 **Program Uniforms.** CSRIPS shall require students participating in the educational program to wear the uniform and nametag approved by POMPANO BEACH while on the POMPANO BEACH premises. POMPANO BEACH reserves the right to refuse or terminate any student from participating in the program for failure to wear the POMPANO BEACH approved uniform.

2.13 **Students are Not Pompano Beach Employees.** CSRIPS, its faculty and its students are not to represent themselves as or be deemed to be employees, servants, agents, or volunteers of POMPANO BEACH. Students shall be considered employees, servants, agents or volunteers of CSRIPS while participating in the clinical program with POMPANO BEACH.



2.14 **No Compensation.** Participating students shall perform the duties and responsibilities specified in this Agreement without compensation, i.e. salaries, wages, pension contributions, insurance premiums, workers compensation premiums, or any other recognized employee fringe benefits. Participating students shall be treated by the POMPANO BEACH as trainees and shall have no expectation of receiving compensation or future employment from either party. Nothing in this Agreement is intended to affect, and shall not be construed to affect, the regular compensation or benefits of POMPANO BEACH Fire personnel, who shall continue to receive their regular pay and benefits from POMPANO BEACH while participating in the program. Any courtesy appointments to POMPANO BEACH staff for the purposes of this program shall be without entitlement of the appointee to compensation or benefits. Students and faculty shall pay for their own meals while participating in the program.

2.15 **Discontinued Student Placement.** CSRIPS reserves the right to refuse or discontinue the placement of students if POMPANO BEACH does not meet the professional educational requirements and standards of CSRIPS. POMPANO BEACH reserves the right to discontinue the availability of its facilities, services and participation in the clinical program to any student should CSRIPS and/or the student not continuously meet nationally accepted educational or professional standards or other requirements, qualifications and standards as may be required by POMPANO BEACH. POMPANO BEACH reserves the right and has the discretion to immediately remove from its premises, controlled scenes and/or vehicles any student who behaves unprofessionally, lacks the requisite knowledge, skill and ability to continue in the clinical program or poses an immediate threat or danger to patients or personnel or to the quality of medical services.

2.16 **Infectious Diseases and Student Immunizations.** CSRIPS shall advise students of the risk of infectious diseases and that the POMPANO BEACH is not responsible for exposure to infectious diseases that occur beyond its reasonable control. CSRIPS shall verify that students have received immunizations from Measles, Mumps, Rubella (MMR) Diphtheria and Tetanus (OT) and have received annual screening for Tuberculosis. CSRIPS shall be responsible for compliance by participating students and faculty with the applicable regulations issued by OSHA and for the provision to participating students and faculty of (1) information and training about the hazards associated with blood and other potentially infectious materials; (2) information and training about the protective measures to be taken to minimize the risk of occupational exposure to blood borne pathogens; (3) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials; and (4) information as to the reasons the employee should participate in Hepatitis B vaccination and post-exposure evaluation and follow-up.





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2.17 **Pompano Beach Accreditation/Licensure.** Pompano Beach shall provide proof of its accreditation/licensure status to CSRIPS upon request at any time during the term of this Agreement.

2.18 **Hold Harmless**

A. Both parties agree to hold harmless each other, their officers, employees, agent's, servants, designees, attorneys, and legal representatives against any claims, demands, causes of actions, lawsuits, liabilities, resulting either directly or indirectly, from the acts, actions, omissions, negligence, or willful misconduct of either party, its officers, employees, agents, designees, students, volunteers, and staff or servants while acting within the scope of their employment or participation in the program and agrees to be responsible for any and all damages resulting from said claims.

B. The provisions of this section shall survive the expiration or early termination of this Agreement.

**ARTICLE 3 - GENERAL CONDITIONS**

3.1 **No Waiver of Sovereign Immunity.** Nothing contained in this Agreement is intended to serve as a waiver of sovereign immunity by any agency to which sovereign immunity may be applicable.

3.2 **No Third-Party Beneficiaries.** The parties expressly acknowledge that it is not their intent to create or confer any rights or obligations in or upon any third person or entity under this Agreement. None of the parties intend to directly or substantially benefit a third party by this Agreement. The parties agree that there are no third-party beneficiaries to this Agreement and that no third party shall be entitled to assert a claim against any of the parties based upon this Agreement. Nothing herein shall be construed as consent by an agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of any agreement.

3.3 **Non-Discrimination.** The parties shall not discriminate against any employee or participant in the performance of the duties, responsibilities and obligations under this Agreement because of race, age, religion, color, gender, national origin, marital status, disability or sexual orientation.

3.4 **Termination** This Agreement may be canceled by CSRIPS or POMPANO BEACH without cause upon thirty (30) days written notice to the other parties of its desire to terminate this Agreement.



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3.5 **Records.**

**PUBLIC RECORDS CUSTODIAN**

**IF CSRIPS HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO CSRIPS' DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:**

**CITY CLERK**

**100 W. Atlantic Blvd., Suite 253  
Pompano Beach, Florida 33060  
(954) 786-4611**

**[RecordsCustodian@copbfl.com](mailto:RecordsCustodian@copbfl.com)**

**IF POMPANO BEACH HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO POMPANO BEACH'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT THE CITY OF CORAL SPRINGS, GEORGIA ELLIOTT, CMC, CITY CLERK, 9500 WEST SAMPLE ROAD, CORAL SPRINGS, FLORIDA 33065, [GELLIOTT@CORALSPRINGS.GOV](mailto:GELLIOTT@CORALSPRINGS.GOV), TELEPHONE NUMBER (954) 344-1074.**

3.6 **Entire Agreement.** This document incorporates and includes all prior negotiations, correspondence, conversations, agreements and understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

3.7 **Amendments.** No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by each party hereto.





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3.8 **Preparation of Agreement.** The parties acknowledge that they have sought and obtained whatever competent advice and counsel as was necessary for them to form a full and complete understanding of all rights and obligations herein and that the preparation of this Agreement has been their joint effort. The language agreed to herein express their mutual intent and the resulting document shall not, solely as a matter of judicial construction, be construed more severely against one of the parties than the other.

3.9 **Waiver.** The parties agree that each requirement, duty and obligation set forth herein is substantial and important to the formation of this Agreement and, therefore, is a material term hereof. Any party's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. A waiver of any breach of a provision of this Agreement shall not be deemed a waiver of any subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

3.10 **Compliance with Laws.** In performing its duties, responsibilities and obligations pursuant to this Agreement, each party shall comply with all applicable federal, state and local laws, codes, rules and regulations including, without limitation, applicable POMPANO BEACH and/or CSRIPS policies, the Civil Rights Act of 1964, Title IX of the Education Amendments of 1974, Section 504 of the Rehabilitation Act with Disabilities Act.

A. **Employment Eligibility.** By entering into this Contract, both parties become obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit or County Court no later than twenty (20) calendar days after the date of termination.

3.11 **Governing Law.** This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. Any controversies or legal problems arising out of this Agreement and any action involving the enforcement or interpretation of any rights hereunder shall be submitted to the jurisdiction of the State courts of the Seventeenth Judicial Circuit of Broward County, Florida.

3.12 **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.





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3.13 **Assignment**. Neither this Agreement nor any interest herein may be assigned, transferred or encumbered by any party without the prior written consent of the other party. There shall be no partial assignments of this Agreement including, without prior written approval of POMPANO BEACH and CSRIPS.

3.14 **Force Majeure**. Neither party shall be obligated to perform any duty, requirement or obligation under this Agreement if such performance is prevented by fire, hurricane, earthquake, explosion, wars, sabotage, accident, flood, acts of God, strikes, or other labor disputes, riot or civil commotions, or by reason of any other matter or condition beyond the control of either party, and which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall a lack of funds on the part of either party be deemed Force Majeure.

3.15 **Severability**. In case any one of more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, unlawful, unenforceable or void in any respect, the invalidity illegality, enforceability or unlawful or void nature of that provision shall not affect any other provision and this Agreement shall be considered as if such invalid, illegal, unlawful, unenforceable or void provision had never been included herein.

3.16 **Waiver of Jury Trial**. The parties to this agreement hereby knowingly, irrevocably, voluntarily, and intentionally waive any rights either may have to a trial by jury in respect to any action, proceeding, lawsuit, or counterclaim based upon the contract, arising out of, under, or in connection with the matters to be accomplished in this Agreement shall be considered as if such invalid, illegal, unlawful, unenforceable, or void provision had never been included herein.

3.17 **Notice**. When any of the parties desire to give notice to the other, such notice must be in writing, sent by U.S. mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

**To CSRIPS:**

**Coral Springs Regional Institute of Public Safety**  
**Attn: John Barry, Division Chief**  
**4180 NW 120 Ave**  
**Coral Springs, FL 33065**

**To POMPANO BEACH:**

**City of Pompano Beach**  
**Attn: Fire Chief Pete McGinnis**  
**120 SW 3<sup>rd</sup> Street**  
**Pompano Beach, FL 33060**





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3.18 **Captions.** The captions, section numbers, article numbers, title and headings appearing in this Agreement are inserted only as a matter of convenience and in no way define, limit, construe or describe the scope or intent of such articles or sections of this Agreement, nor in any way effect this Agreement and shall not be construed to create a conflict with the provisions of this Agreement.

3.19 **Authority.** Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

3.20 **Insurance.** CSRIPS shall carry accident insurance or evidence of such protection, to include professional liability insurance coverage of not less than \$1,000,000.00 per occurrence and \$3,000,000.00 aggregate (including professional liability) for claims, damages, or injuries to persons or property of whatsoever kind or nature arising out of the activities of the participants carried out under this Agreement. Such insurance shall specifically name the CITY OF POMPANO BEACH as an additional insured and evidence of such coverage shall be provided to the CITY OF POMPANO BEACH prior to execution of this Agreement and throughout its duration.

[REMAINDER INTENTIONALLY LEFT BLANK]



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AGREEMENT BY AND BETWEEN THE CITY OF POMPANO BEACH, BROWARD COUNTY,  
FLORIDA AND CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY

IN WITNESS, the parties hereto have made and executed the Agreement on the respective  
dates under each signature set forth below:

CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY

By: \_\_\_\_\_  
John Barry, Division Chief  
City of Coral Springs

\_\_\_\_\_ Date



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Attest:

**CITY OF POMPANO BEACH**

\_\_\_\_\_  
KERVIN ALFRED, CITY CLERK

By: \_\_\_\_\_  
REX HARDIN, MAYOR

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

APPROVED AS TO FORM:

\_\_\_\_\_  
MARK E. BERMAN, CITY ATTORNEY

(SEAL)



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## **EXHIBIT A**

CSRIPS is conducting the following educational programs for the purpose of providing skilled workers for the Health Service Industry:

1. FIRST RESPONDER
2. EMERGENCY MEDICAL TECHNICIAN
3. EMT-PARAMEDIC TRAINING





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## EXHIBIT B

Through administrators and faculty maintain approval/accreditation status for:

- EMT-Basic
- EMT-Paramedic







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November 4, 2025

To: Matthew Aldrich,  
Assistant Fire Chief of EMS  
City of Pompano Beach  
120 SW 3 Street

RE: Ride Share Agreement with the City of Pompano Beach

Dear Chief Aldrich,

The Coral Springs Regional Institute of Public Safety (CSRIPS) is expressing a desire to establish a Student Ride Agreement between the City of Coral Springs and the City of Pompano Beach to allow CSRIPS Paramedic/EMT students to participate in clinical ride-along programs with the Pompano Beach Fire Rescue Department.

Once an initial agreement has been drafted, CSRIPS will confer with our stakeholders to review, revise as necessary, and finalize the document.

The agreement should be made out to:

The City of Coral Springs dba CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY (CSRIPS)  
The principal place of business is located at 4180 NW 120 Avenue, Coral Springs Florida 33065.

Attention:

Division Chief John Barry  
Coral Springs Regional Institute of Public Safety  
4180 N.W. 120 Avenue  
Coral Springs, FL 33065  
[JBarry@coralsprings.gov](mailto:JBarry@coralsprings.gov)  
p: 954-346-1284

**No Compensation.** Each party shall perform the duties and responsibilities specified in this Agreement without compensation, i.e. salaries, wages, pension contributions, insurance premiums, workers compensation premiums, or any other recognized employee fringe benefits. Participating students shall be treated by the Pompano Beach as trainees and shall have no expectation of receiving compensation or future employment from either party.

We appreciate the opportunity to collaborate with the City of Pompano Beach on this partnership, which will provide valuable experience and training opportunities for our students. We look forward to finalizing the agreement and moving this partnership forward.

Please do not hesitate to contact us should you need any additional information or clarification.



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Sincerely,

A handwritten signature in blue ink that reads "John Barry". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Division Chief John Barry  
LEAD Division- Learning, Education, Advancement & Development  
Coral Springs Regional Institute of Public Safety  
4180 N.W. 120 Avenue  
Coral Springs, FL 33065  
[JBarry@coralsprings.gov](mailto:JBarry@coralsprings.gov)  
p: 954-346-1284



## Request for Permission to Ride as an Observer and Hold Harmless Agreement



I, \_\_\_\_\_ (hereinafter referred to as "**RELEASOR**"), being over the age of eighteen (18) and having provided \_\_\_\_\_ (proof of age) for and in consideration of being given the opportunity to ride, as an observer only, in an authorized Pompano Beach Fire Rescue Department rescue vehicle, or other equipment to medical calls, or other errands within the course of **RELEASOR'S** employment/training and while being on property owned, operated or controlled or maintained by the City of Pompano Beach, its assignees, agents or representatives, it is hereby acknowledged by the signature below that:

**RELEASOR** hereby promises to remise, release, acquit, satisfy and forever discharge the City of Pompano Beach, all its departments, divisions, employees, officers, agents, or assign of and from all, and all manner of action and actions, cause of actions, suits, debts, sums of money, accounts, reckonings, covenants, contracts controversies, agreements, promises, trespasses, damages, judgements, executions or inequity, whichever had, now has, or which any personal representative, successor, heir or assign of said hereafter can, shall or may have against, for, upon or by reason of any matter, cause or thing whatsoever whether foreseen or unforeseen including personal injury, death or property damage, whether proximate or remote, arising out of any action, legal or otherwise, as a result of riding in Pompano Beach Fire Rescue Department motor vehicles or being upon property owned, operated, controlled or maintained by the City of Pompano Beach.

If permission is granted, I hereby agree to obey at all times all instructions, orders, and commands given to me by the person(s) in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of firefighting and emergency medical services and the possibility that situations will arise which might result to my being exposed to the danger of physical harm or injury including, but not limited to motor vehicle accidents. I nevertheless freely and voluntarily accept these risks. I further agree to keep confidential anything which I may observe when requested to do so by members of the Pompano Beach Fire Rescue Department. I understand that my observation privilege may be terminated at any time without notice by the Pompano Beach Fire Rescue Department.

This release specifically covers, but is not limited to, any and all claims for attorneys' fees and all claims for personal injuries, hospitals, doctors, nurses and medical expenses as a result of the above permission.

**RELEASOR** hereby agrees to indemnify and hold harmless the City of Pompano Beach and all of its departments, divisions, employees, officers, agents or assigns from any and all claims and/or liens and/or subrogated interests herein for which the permission to ride in Beach Fire Rescue Department motor vehicle(s) was granted.

**WITNESS:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Above Witness Signature

**RELEASOR:**

By: \_\_\_\_\_  
Signature of Releasor

\_\_\_\_\_  
Date of Birth

Address: \_\_\_\_\_

\_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
Date of Notary Signature

**Expiration Date:**

\_\_\_\_\_  
Expires 24 months from date of Notary

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_ by \_\_\_\_\_, who is personally known to me or  
has produced \_\_\_\_\_ (type of identification) as identification.

**NOTARY SEAL:**

\_\_\_\_\_  
**Notary Public, State of Florida**  
(Signature of Notary Taking Acknowledgement)

\_\_\_\_\_  
(Name of Acknowledger, Typed Printed or Stamped)

\_\_\_\_\_  
Commission Number