

Topsfield Fire Department

Student Rider Permission Form

I, _____, hereby request permission to participate as a student rider. I have read the Topsfield Fire Department Student Rider Program Policy and agree to comply with its provisions.

I understand that my role is limited to observation.

I understand that the Topsfield Fire Department and the Town of Topsfield Will not be liable for any person participating in the Student Rider Program.

I waive my rights to all claims against the Topsfield Fire Department, the Town of Topsfield, and its employees.

I have viewed the HIPAA privacy training video and understand the regulations.

Student Rider Signature

Date

Parent or Guardian Signature
(If student Rider is under 18)

Date

Fire Chief Signature

Date