



Washington Township Fire Department

6200 Eiterman Road
Dublin, Ohio 43016
614.652-3920
614.766.2507 FAX

Date _____

To Whom It May Concern:

I, _____ certify that I have reached my 18th birthday and hereby agree to hold Washington Township Fire Department of Dublin, Ohio harmless from all liability for any injury or illness to my person, or any damage or loss of any equipment of whatever kind of character, owned by me or in my possession, while riding on any of the Division of Fire equipment, or while in the Fire Station, responding to or returning from an emergency, or any assignment such apparatus may be engaged.

I further agree to submit to the Chief of the Division of Fire, Washington Township, Dublin, Ohio any photographs taken by me for his review and approval before said photographs are released for publication.

I _____ shall carry out my obligations under this Agreement in compliance with the privacy regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, *et seq.*, as amended ("HIPAA"), to protect the privacy of any personally identifiable protected health information ("PHI") that is collected, processed or learned as a result of my status as a student/observer with the Washington Township Fire Department.

_____ Date _____
Student/ Rider Signature

_____ Date _____
Witness Signature