



# National Board of Forensic Evaluators, Inc.

595 W. Granada Blvd. • Suite H • Ormond Beach, FL 32174  
(386) 366-5761 • www.nbfe.net • aaron@nbfe.net

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## FIRST RESPONDER RIDE-ALONG VERIFICATION FORM

### Part 1: General Release of Liability from Rider (CSFDE Candidate) Accompanying First Responder (completed prior to ride-alongs)

Rider's/Candidate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby agree to release the National Board of Forensic Evaluators (NBFE) and all employees, officers, board members, and representatives of NBFE from any and all civil liability or any and all forms of injury which may arise as a result of my riding with and/or accompanying any person affiliated with such persons or entities. I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me riding with and accompanying first responders, and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release NBFE, its officers/board members, volunteers, agents, employees, and representatives from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am accompanying any first responders, whether in or out of a vehicle. I understand that should I wish to avoid any known or unknown dangers and/or risks associated with first responder ride-alongs, NBFE has provided me with an alternative option for accomplishing the experiencing learning objective of the Certified Suitability and Fitness for Duty Evaluator (CSFDE) credential (i.e., interview paper with first responders), and I am electing to reject that alternative. I agree to abide by the rules, standards, and instructions, of the first responder's agency when participating in ride-alongs. I have read the foregoing and I understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

\_\_\_\_\_  
Printed Name of Rider/Candidate

\_\_\_\_\_  
Rider/Candidate Signature

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

\_\_\_\_\_  
Signature of Witness



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## FIRST RESPONDER RIDE-ALONG VERIFICATION FORM

### Part 2: Ride-Along Hours Verification Log

Rider/Candidate Name: \_\_\_\_\_

Date	# Hours	Agency	Officer/First Responder Name	Position (e.g., Officer)	Officer/First Responder Signature