



## **Eagle County Paramedic Services Third Rider Clinical and Observational Ride-Along Release, Waiver, and Guidelines**

### **I. Program Overview**

Eagle County Paramedic Services (ECPS) may permit EMS students or other approved individuals to participate in clinical or observational ride-alongs in an ambulance or Community Paramedic vehicle during emergency response activities. Bona fide students may provide patient care in accordance with clinical agreements, supervised at all times by an ECPS EMT or Paramedic, who remains responsible for all care delivered.

### **II. Eligibility and Scheduling**

- All third riders must be pre-scheduled by ECPS and may only ride for their scheduled time.
- Observational rides for students under 18 may be allowed with parental/guardian consent and after discussing the graphic and potentially dangerous nature of prehospital medicine.
- Participation is at the sole discretion of ECPS, based on the student's maturity and readiness.

### **III. Dress Code**

Participants must adhere to the following dress code:

- White dress shirt or polo shirt (no emblems/insignia) or approved training program uniform
- Dark blue or black pants (no jeans)
- Closed-toed, black or dark-colored shoes suitable for EMS work and weather
- ECPS-provided student jacket (encouraged) or a plain dark jacket (no logos/printing)
- School-issued student ID displayed when available

### **IV. PPE and Infection Control**

All participants must follow ECPS's current PPE policy. ECPS will provide any necessary single-use PPE (gowns, booties, hair covers, gloves, etc.).

### **V. Confidentiality**

All protected health information encountered during the ride-along is strictly confidential and may only be discussed with the crew present. Confidentiality and liability requirements are reviewed with all participants prior to the ride.

**VI. Conduct and Restrictions**

Riders may not drive District vehicles, operate loaded patient stretchers, or operate any patient movement devices with a patient loaded.

Minors may participate only with a completed parent/guardian waiver (see below). Everyone must sign a waiver.

**THIS IS A RELEASE OF LIABILITY. READ IT CAREFULLY AND COMPLETELY BEFORE SIGNING.**

**Release of Liability and Indemnification - Eagle County Health Service District Ambulance Activity Participation, Assumption of Risk, Release and Waiver**

I \_\_\_\_\_ (Printed Name), acknowledge that I have requested permission from the Eagle County Health Service District (the "District") to ride in an ambulance with District personnel in performance of their duties. I have been fully informed of the nature of the above-described activity and the risks inherent in participating in such an activity and understand that participating in an ambulance ride-along may involve exposure to emergency response activities which may be taxing both physically and mentally. I understand that by participating in this activity I run the risk of bodily injury, temporary or permanent, including the risk of developing mental stress and/or the risk of death.

I have independently evaluated and reviewed the risks and have determined to engage in the ambulance ride-along with full knowledge and acceptance of the risks. Fully understanding these risks, I, for myself, my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for any bodily injury (including death) or property damage which may result from participation in this activity.

Further, I, for myself, my spouse, my legal representatives, heirs, and assigns, hereby release and discharge the District, its officials, employees, agents, and assigns from any and all liability to me personally or through my spouse, legal representatives, heirs, and assigns, for any and all losses or damages which may be claimed on account of any injury to me, even injury resulting in death, or to my property, whether caused by the negligence of the District or otherwise, which claims, losses, and demands arise during or result directly or indirectly from participation in the ambulance ride-along activity. I agree to fully indemnify and hold harmless the District, its officials, employees, agents, and assigns, from any and all losses, liabilities, damages, or costs, including reasonable attorneys fees, which may be incurred as a result of my participation in the ambulance ride-along activity, whether any such loss or liability was caused by the negligence of the District or otherwise. I further agree to indemnify and hold harmless the District for any acts or conduct on my part, of whatever kind or nature whatsoever, while participating in the ambulance ride-along activity.

I understand that any protected health information (anything that identifies a person such as name, date of birth, social security number, address, or individually-identifiable

medical information) I may obtain while on the ride-along is confidential information. Under penalty of federal laws, I agree to maintain this information as confidential and will not divulge or discuss it with anyone other than the crew with whom I am riding.

**Acknowledgment and Signatures**

By signing below, the participant affirms that all of the information above was read, understood and accepted.

Participant Signature \_\_\_\_\_

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

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

THE ORIGINAL OF THIS RELEASE MUST BE IN THE POSSESSION OF THE DISTRICT PRIOR TO PARTICIPATION IN THE RIDE-ALONG PROGRAM. MINORS MAY NOT PARTICIPATE IN THE RIDE-ALONG PROGRAM AT ANY TIME UNLESS THE FOLLOWING PARENT/GUARDIAN WAIVER IS ALSO SIGNED.  
PARENT/GUARDIAN WAIVER AND RELEASE OF LIABILITY  
(FOR PARTICIPANTS UNDER 18 YEARS OF AGE)

The undersigned, \_\_\_\_\_ (printed name), referred to as the parent(s)

and/or legal guardian(s) of \_\_\_\_\_ (minor child's printed name), do hereby represent that he/she/they is/are acting in such capacity, have read and understand the potential risks involved in participation in the ride-along program, including possible emotional stress or distress, and agree to assume the risk, save and hold harmless and indemnify, to the full extent as set forth in this Release, each and all of the parties herein referred to as the District, including its officials, employees, agents, and assigns, from any liability, loss, cost, claim or damage whatsoever which may be claimed as a result of the above-named minor child's participation in the ambulance ride-along activity.

Parent/Guardian Signature (if under 18) \_\_\_\_\_

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

Relationship to minor \_\_\_\_\_

Date \_\_\_\_\_