

EAGLE COUNTY HEALTH SERVICE DISTRICT
AMBULANCE ACTIVITY PARTICIPATION, ASSUMPTION OF RISK,
RELEASE AND WAIVER

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

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 determine 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 the any bodily injury (including death) or property damage which may result to me 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 I am riding-along with.**

The foregoing Release was read and understood by the undersigned.

Signature

Date

Witness

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.

Printed Name

Relationship to Minor

Printed Name

Relationship to Minor