

WEST COAST EMT RELEASE OF LIABILITY

I, _____, [full name], dated of birth _____, of _____ [address] AGREE that I have asked to and desire to participate in the West Coast EMT's Ride- Along/ Intern Program. I AGREE that as consideration for West Coast EMT Training Inc., headquartered at 1900 S. State College Blvd., Anaheim, CA 92806, I have AGREED to sign this release.

I AGREE that I have asked to participate in West Coast EMT's Ride- along/ Intern Program which involves accompanying and observing ambulance company personnel in providing emergency and non-emergency ambulance and related services.

I AGREE that I have asked to participate in the Ride- along/ Intern Program to assist me in my training as an Emergency Medical Technician (EMT), Paramedic (EMT- P) or Critical Care Transport Nurse (CCTRN) for the general purpose of observing the operations of an ambulance service. No matter what my reason, participating in the Ride- along/ Intern Program will require me to occupy buildings and other facilities and vehicles used by the ambulance company in the course of its business and in by doing so, I AGREE and understand that I am exposing myself to certain risks, including possible dangerous activity. These risks include, but are not limited to, being hurt or injured; for example, by exposure to contagious diseases such as the Hepatitis Virus (HEP B, C) and the Human Immunodeficiency Virus ("HIV") or being involved in an automobile accident.

I AGREE that by participating in the Ride- along/ Intern Program I understand and agree that I am participating at my own risk and that West Coast EMT is not accepting responsibility for my safety.

California Law (Civil Code 1542) states:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS/ HER FAVOR AT THE TIME EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM/ HER MUST HAVE MATERIALLY AFFECTED HIS/ HER SETTLEMENT WITH THE DEBTOR.

By signing this document, I AGREE that I am giving up my rights under this law, and I, not West Coast EMT Training Inc., are assuming complete and total responsibility for any and all injuries, damages or losses that I may suffer as a result of participating in the Ride- along Program.

In summary, by signing this document, I AGREE to the following:

1. If something bad or unpleasant happens to me while participating in the Ride- along/ Intern Program I will be financially responsible, not West Coast EMT.
2. I understand that I could be exposed to blood and other potentially infectious materials, which puts me at risk of acquiring the Hepatitis Virus (HEP B, C), HIV, Tuberculosis and other airborne/ bloodborne pathogens.
3. West Coast EMT can provide me information as to where I can obtain a vaccination, at my own cost, for the prevention of the Hepatitis B Virus. Regardless of whether I elect to have this vaccination, I agree to hold West Coast EMT Inc. harmless if you contact any communicable disease.

4. I have read the California Civil Code 1542 and I understand that I am giving up my rights under that law.
5. I understand that my participation in West Coast EMT's Ride- along/ Intern Program is limited to the role of observing and that I am not expected to, and I should not assist or help the ambulance personnel in the performance of their jobs. Should I decide to offer or extend help or assistance, I do so at my own risk, and I assume financial responsibility for anything bad or unpleasant that may happen to me as a result. In addition, I AGREE to indemnify, defend and hold harmless West Coast EMT, its shareholders, officers, agents and employees from any damage, claim or harm caused by my decision to lend assistance.
6. I understand that no one who works for West Coast EMT or represents West Coast EMT has the authority to change the terms of this release and that I cannot rely on any statements told to me that change or contradict this release.
7. I will always wear a seat belt during the ride- along.
8. I have read and completely understand that this release will remain in effect and apply for all West Coast EMT's ride- alongs in which I participate for on (1) year from the date you sign this release.
9. I certify that I am at least (18) years old and have the capacity to enter this release.

Ride- along Confidentiality & Non- Disclosure

I, , understand that the ambulance company providing services to patients that are private and confidential and that I am a crucial step in respecting the privacy right of ambulance companies' patients. I understand that it is necessary, in the rendering of the ambulance company that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies and procedures set in place by the ambulance company during my experience as a student. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedure, I agree to notify the privacy Officer of West Coast EMT immediately.

I also understand that I may be exposed to other confidential or proprietary information during my ride along and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of an ambulance ride along. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information that I see or hear while a student will stay here at West Coast EMT when I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe an ambulance company will be terminated.

I, the undersigned, being cognizant of the danger and risks I may face as an observer in the ambulance during its normal routine, do hereby release West Coast EMT Training Inc., its owner and employees of responsibility in case of illness, accident or death to myself.

I AGREE THAT I AM REQUIRED TO STAY FOR THE ENTIRE AMBULANCE SHIFT AND OVERTIME IF NECESSARY. THE AMBULANCE CREW WILL NOT BE RESPONSIBLE FOR RETURNING ME BACK TO THE STATION BEFORE THE END OF THE COMPLETED SHIFT.

I do hereby affirm that I am 18 years of age or older and in good physical health.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Emergency Contact Info

Name: _____

Relationship: _____

Phone Number: _____