

P.O. Box 69
Shippensburg, PA 17257



717-532-6069
www.sa-ems.org

Application for Ride Along

Date of Application: ____/____/____

Information

First Name	Middle Name	Last Name	
Address	City	State	Zip Code
Home Phone	Cell Phone		
E-Mail Address	Date of Birth		

Date of Ride Along: ____/____/____ Shift Time: ____ to ____

It is hereby understood and agreed by the undersigned persons:
_____ (Guardian Name if under 18yrs)

Whereas the undersigned has requested permission from the officers of Shippensburg Area Emergency Medical Services (SAEMS) permission to ride with the operators of emergency apparatus operated by said organization for the purpose of gaining pre-applicant experience, credits, or training in a course of study.

Whereas the undersigned will assume full responsibility and liability for any incident which may cause injury or illness while riding as an observer with SAEMS. I am also informed that when practicing as a health care observer on an educational or clinical ride along that I must be properly insured by insurance. I will not hold any officer, member, or employee of SAEMS responsible for any damages, injury, or illness which may occur during my ride along period.

Whereas the undersigned in consideration of being afforded the opportunity to gain experience in relation to problems arising from providing EMS service entirely on my behalf and of no benefit to SAEMS, its officers, members, and employees of any and all responsibility and liability arising out of participation in the ride along program.

Whereas the undersigned will not be in any way considered an employee or representative of SAEMS.

I expressly agree to be bound hereby in accordance with the provisions of the uniform written obligations of the Commonwealth of Pennsylvania.

Witness my hand and seal this ____ day of _____ 20__

Rider signature: _____ Guardian (under 18 yrs): _____

Ship EMS Officer Signature: _____ Title: _____