

SACRED MOUNTAIN MEDICAL SERVICE AUTHORIZATION TO RIDE-A-LONG RELEASE

Applicant Name: _____ Phone No.: _____

Address: _____

Date of Birth: _____ Driver's License #: _____

Emergency Contact: _____

Relation: _____ Phone No.: _____

Address: _____

What is your interest as an observer?

Interested Citizen Potential EMT Student EMT Student _____

SMMS Family Member Other Agency Other

AGREEMENT ASSUMING RISK OR INJURY OR DAMAGE/WAIVER AND RELEASE CLAIMS: I fully understand that my participation in a ride-along event with Sacred Mountain Medical Service may expose me to the risk of personal injury, property damage or death. I hereby acknowledge that I am voluntarily participating in the ride-along and expressly agree to assume any such risks.

In consideration for being permitted to participate in the ride-along, I hereby release and forever discharge Sacred Mountain Medical Service, its employees, agents and volunteers from any injury, death or damage to/loss of personal property arising out of or in connection with my participation, including active or passive negligence of Sacred Mountain Medical Service, its employees, agents, volunteers or any other participants in the event.

In further consideration for being allowed to participate in the ride-along, I hereby agree for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold Sacred Mountain Medical Service, its employees, agents and volunteers from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event brought by any third party.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature: _____ Date: _____

Application Reviewed by: _____ Date: _____

Approved: Not Approved:

Reason Not Approved: _____ Assigned to: _____

Employee #: _____ Shift: _____ Date: _____