

East Windsor Township Rescue Squad District II Inc.  
Emergency Medical Services  
73 Twin Rivers Drive | P.O. Box 783  
East Windsor, NJ 08520  
(609) 448 - 8992  
[www.squad146.com](http://www.squad146.com)



## OBSERVER / COMMUNITY RIDE ALONG RELEASES

All applicants shall complete the following liability waiver before being allowed to participate and be approved by the Duty Officer for each observational experience. In order to facilitate emergency response, Squad members may be sent on calls in place of the applicant at the discretion of the Crew Chief.

### STATEMENT OF CONFIDENTIALITY

I understand that in the course of my observational experience with the Squad, I must hold medical information in confidence. This includes any patient information that I may come across purposefully or inadvertently, regardless of how it is presented to me (printed/written form, spoken word, computerized, facsimile, etc.). I understand that patient information is only accessible to fulfill obligations for information needed to serve the patient, organization, and community. I further understand that any violation of the confidentiality of medical information will result in the immediate termination of observational experience with the Squad and may result in legal action.

*I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE ABOVE STATEMENT OF CONFIDENTIALITY.*

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

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### WAIVER OF RIGHTS

In consideration of being allowed observing the activities and functions of the East Windsor Township Rescue Squad District II Inc. (the "Squad"), such observation being entirely for the benefit of the undersigned and not for the Squad, the undersigned does hereby WAIVE any and all right of action against the Squad, its officers, directors, and/or members, for any injury or damage that (s) he might suffer while participating in the observation, including, but not limited to, property damage, injury, exposure to infectious or communicable disease, contracting an infectious or communicable disease, emotional distress or psychiatric disturbance or disease. It is acknowledged by the undersigned that Squad activities may be inherently dangerous because of the multiple hazards encountered by emergency service response. Such hazards include, but are not limited to, the risk of accident, injury from bystanders or traffic, exposure to communicable and/or infectious diseases, which diseases may or may not be known to responders, and which diseases may not be curable and may adversely affect the health of the undersigned or cause disablement or death to the undersigned. It is further understood that it is impossible for Squad personnel to insure the complete safety of the undersigned. The undersigned, being fully aware of the potential for injury or damage, nonetheless assumes the risk of injury and/or damage. This Waiver shall be binding upon the undersigned's heirs, executors, and assigns.

***I HAVE FULLY READ THIS ENTIRE WAIVER AND UNDERSTAND THAT BY SIGNING THIS WAIVER I AM WAIVING LEGAL RIGHTS AND THAT MY SIGNATURE HEREON HAS LEGAL SIGNIFICANCE. I HAVE NO QUESTIONS CONCERNING THE CONTENTS OF THIS WAIVER, AND I UNDERSTAND THAT SQUAD PERSONNEL ARE NOT AUTHORIZED TO VARY ITS TERMS.***

Applicant's Name (please print clearly): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is under 18 years of age:

I am the parent or legal guardian of the applicant. My signature below signifies my consent to the above on behalf of the applicant. I take full responsibility for the applicant's actions on the Squad until he/she reaches his/her eighteenth birthday. I bear full responsibility for any and all squad uniforms and/or Squad equipment that may be issued to the applicant if granted membership.

Parent/Legal Guardian Name (please print clearly): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_