



Waiver of Liability

I, _____, do with this document release Deer Park Ambulance (DPA) of all liability from any injury, illness or death resulting while riding as a first responder/observer. I realize riding an EMS vehicle carries inherent risks. I agree to accept full medical responsibility of any or all injuries that may occur to me while riding with DPA.

All riders MUST be 18 Years of Age. The following are general expectations. The first responder/observer agrees to:

- Obey the Laws of the State of Washington, including HIPPA requirements.
- Follow the policies and procedures of DPA as directed and follow instructions from the senior member of the crew.
- Wear dark business casual/ems pants (no jeans or sweats), a long sleeve or polo shirt, and boots/oxford shoes. (A beanie or a baseball cap, with no emblem, may be worn in inclement weather. Jeans, t-shirt, shirt with an emblem, or tennis shoes are **NOT** acceptable attire.)
- Wear red "observer" / "student" vest while on scene of an EMS incident. (The use of your cell phone for videos/photos is prohibited). If a student is already clearly identified in uniform as a "Student" then they may forego the vest.
- To provide medical assistance during a transport (if properly trained) at the discretion, supervision and direction of the senior medical member of the crew. A copy of your respective certification should be on file with DPA admin or affiliation with an approved ems training program.
- Understand that any behavior that is deemed inappropriate, unprofessional, or is detrimental to the reputation of DPA will be grounds for termination of the ride-along.
- Understand that this waiver is valid only for the date(s) approved below and subsequent requests will be treated as separate waivers.

I have provided Deer Park Ambulance certificate of Automobile/medical insurance stating I am covered by

Print Full Name: _____ Date: _____

Signature: _____ Affiliation: _____

Driver's License: _____ (Verified age over 18.)

For Official use Only

Authorized by: _____ Requested by: _____

Date(s) to Ride: _____

Shift Supervisor Notified _____

Waiver on File

Administration Representative Signature

OR _____
Shift Supervisor Signature

Dedicated to Our Community, Our Personnel, Our Profession