

# PHILLIPSBURG EMERGENCY SQUAD

## RIDE-ALONG PROGRAM WAIVER FORM

### **AGREEMENT ASSUMING RISK ON INJURY, DAMAGE, OR DEATH**

### **WAIVER AND RELEASE OF CLAIMS; AND AGREEMENT NOT TO SUE**

Whereas the undersigned, not being a sworn employee of the Phillipsburg Emergency Squad, has made a voluntary request for permission to ride as a guest or observer in a EMS emergency vehicle at a time when such vehicle is operated and manned by members of the Phillipsburg Emergency Squad and has further requested permission to accompany a member or members of said EMS department during the active performance of their official duties as EMT's: and Now, therefore, be it understood that the undersigned hereby agrees that THE WORK AND ACTIVITIES OF THE PHILLIPSBURG EMERGENCY SQUAD CAN BE INHERENTLY DANGEROUS INVOLVING SUBSTANTIAL RISKS including the risk of death; personal injury, and/or property damage; such risks may be generated by individuals breaking, or suspected of breaking the law; by motor vehicles driven by EMT'S or by others; or may occur in a truly limitless variety of ways; AND THAT THE UNDERSIGNED WILL BE EXPOSED TO SUCH RISKS BY ACCOMPANYING, OR PARTICIPATING IN, THE RIDE-ALONG. Further, knowing all these risks, the undersigned nevertheless hereby agrees to voluntarily assume all risks, both known and unknown and to release and hold harmless all of the persons and entities named herein who, through negligence or intentional conduct, might otherwise be liable for damages. Now, therefore, be it understood that the undersigned hereby agrees that the Phillipsburg Emergency Squad, and town within the county which contracts with the Phillipsburg Emergency Squad, the Phillipsburg Emergency Squad, the driver or owner of any automobile owned or operated by, or in the service of the County of Warren or contract cities, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any death, injury, expense or loss to the person or property of the undersigned, incurred while riding as a guest or observer in any Phillipsburg Emergency Squad vehicle or while accompanying a member of said department during the active performance of his official duties as a EMT. The undersigned agrees not to sue any of the above for any possible death, injury, expense, or loss.

**THE UNDERSIGNED: HAS READ THIS RELEASE AND FULLY UNDERSTANDS ITS CONTENTS; IS AWARE THAT THIS RELEASE IS A WAIVER OF LIABILITY AND HAS SIGNED THIS RELEASE VOLUNTARILY.**

**NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE GUESTS OR OBSERVERS UNDER THE AGE OF EIGHTEEN (18) YEARS.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE/TIME OBSERVER TO RIDE:**

**APPROVED BY: / RANK**

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\_\_\_\_\_

\_\_\_\_\_

## **PHILLIPSBURG EMERGENCY SQUAD**

### **RIDE-ALONG PROGRAM RULES and REGULATIONS**

The Ride-Along program provides the public with an opportunity to ride with EMT's / First Responders while he/she performs his/hers regular duties. The program is designed to enhance your understanding of Emergency Service / EMT. The following rules and regulations are designed to maintain the integrity and positive nature of this program.

1. All observers shall sign a release of liability. Observers under 18 years of age must have a parent or guardian sign the release of liability in the presence of a Phillipsburg Emergency Squad Employee.

2. Observers must wear appropriate attire. Suits, sport coats, sweaters, sport shirts, blouses, slacks, or dress pants are acceptable. Shoes must enclose the entire feet. No open toed shoes, shorts, tank tops, t-shirts, or jeans are allowed. Be prepared for inclement weather. Your ride-along may be cancelled if you are inappropriately dressed.

3. Questions about procedures are welcome. However, they must be asked at the appropriate time. Observers should be careful not to interfere with the EMT at any time.

4. The observer is responsible to pay for his/her own meals.

5. Observers shall obtain authorization from the EMT prior to talking with patients, suspects, witnesses or other parties contacted on official business. Observers shall not participate in police or EMT's activities, unless directed to do so by the EMT.

6. An observer may end his/her ride at any time simply by notifying the EMT.

7. If the EMT feels the performance of his duties is being impaired in any manner by the actions of the observer, the EMT has the authority to return the observer to the station and discontinue the ride-along.

8. The observer will be asked to complete a questionnaire at the end of the ride. We welcome your comments and suggestions.



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**In Case of Emergency Notify** (To be completed by applicant)

Name Address Phone Relation

Family Doctor or Medical Services Requested by Rider if needed:

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**Records Check** (To be completed by Records Bureau)

DMV \_\_\_\_\_ Warrants \_\_\_\_\_ Records \_\_\_\_\_

FI Cards \_\_\_\_\_ Previous Ride-Alongs \_\_\_\_\_

Date Check Completed \_\_\_\_\_ Records Clerk \_\_\_\_\_

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**Approval / Assignment** (To be completed by Station Manager)

Assigned to: \_\_\_\_\_

EMT

Shift

Date

Approved by: \_\_\_\_\_

Name

Rank

Date

Ride-Along Completed: \_\_\_\_\_

EMT's Signature