

**PASQUOTANK – CAMDEN EMS
RIDE-ALONG PROGRAM**

APPLICATION FOR RIDE-ALONG PROGRAM / LIABILITY RELEASE

NAME: _____ DOB: _____ SEX: _____ SSN: _____

ADDRESS: _____ PHONE: _____

COMPANY, SCHOOL, ORGANIZATION: _____

WAIVER OF LIABILITY

I, _____, as a participant in the Ride-Along Program of the Pasquotank – Camden EMS, for and in consideration of the opportunity to ride with and observe the performance of Emergency Medical Technicians’ duties, agree as follows:

- (1) I hereby waive for myself, my heirs, executors, administrators or assigns, any and all claims, demands, actions, or causes of action against an Emergency Medical Technician of Pasquotank-Camden EMS and/or Pasquotank and Camden Counties, their officers, agents, and employees of whatever kind or nature may arise in any manner by reason if injury or damage to my person or property or both while I am riding in an ambulance, quick response vehicle, observing any operation, or participating in this program in any other manner.
- (2) I do hereby covenant and agree that I will never instigate any suit or action against an Emergency Medical Technician of Pasquotank-Camden EMS and/or Pasquotank and Camden Counties, their officers, agents, and employees for damages or loss or injury of any kind or on account of any damages, loss, or injury to my person or property or both which may arise in any manner while I am riding in an ambulance, quick response vehicle, observing any operation or participating in this program.
- (3) This agreement holds harmless any Emergency Medical Technician of Pasquotank-Camden EMS and/or Pasquotank and Camden Counties, their officers, agents, and employees for any injury, but not limited to claims for wrongful death, arising in any manner to me while participating in this program.
- (4) I do hereby covenant, agree, and understand that if I am authorized to participate in this Ride-Along Program, my only capacity will be that of a passenger/observer. I understand that I am not permitted to take part in any emergency medical action or assist or perform any medical task or function unless specifically requested to do so by the Emergency Medical Technician with whom I am assigned to ride. Also, I agree to keep any information which could identify any patient confidential, as sharing patient information would be a breach of the Healthcare Information Portability and Accountability Act (HIPAA) of 1996.

I have read the foregoing waiver and covenant not to sue and I understand that it constitutes a formal legal document.

Signature of Participant Participant’s Printed Name Date

Signature of Participant’s Parent or Guardian Parent or Guardian’s Printed Name Date

Signature of Witness Witness’s Printed Name Date

*** FOR DEPARTMENT USE ONLY *****

START DATE: _____ END DATE: _____ START TIME: _____ END TIME: _____

EMS DEPARTMENT APPROVAL SIGNATURE: _____

**PASQUOTANK – CAMDEN EMS
RIDE-ALONG PROGRAM**

LIMITATIONS AND CONDITIONS FOR PARTICIPATION IN RIDE-ALONG PROGRAM

All persons authorized to ride in emergency medical vehicles will participate in a passenger/observer capacity only. Participants are not permitted to take part in any emergency medical action, assist in conducting investigations, or perform any other emergency medical task or function.

Participants are not permitted to operate any emergency medical vehicle, handle or possess medical supplies or medicines, or use any Department equipment. Participants will use the communications system only in the event of extreme emergency.

All persons authorized to ride will be required to wear civilian attire when participating in the Ride-Along Program. The desired attire shall consist of black or navy blue pants and a white or light blue collared shirt with no imprints. T-shirts are not allowed. All other clothing and shoes must be clean and presentable for service to the public.

Applicants cannot have been convicted of a felony.

Participants under the age of 18 years old must have the signature of their parent or guardian on this waiver.

Assignment will be for a specified period of time.

Assignments will normally be limited to the uniformed ambulance units, not quick response vehicles.

It is possible that situations might arise that would expose the participant to undue danger, violence, or other hazardous conditions. In such cases, the Emergency Medical Technician will exercise discretion and has the prerogative to temporarily discharge the passenger at a suitable location while responding to and handle the call.

Each participant is under the direct and complete control of the Emergency Medical Technician to which the participant is assigned. An Emergency Medical Technician experiencing difficulty with a participant has the prerogative to discharge the rider at the Emergency Medical Services Station. In such cases, the Emergency Medical Technician will explain the circumstances to the ranking on-duty Supervisor or Director. The ranking on-duty Supervisor or Director may prohibit an individual from future participation in the program when doing so would be in the best interest of the Department.

All participants in the Pasquotank – Camden Emergency Medical Services Ride-Along program shall be bound to strict patient confidentiality guidelines and complete departmental patient privacy orientation. All aspects of patient care are not to be discussed outside of the clinical setting. Patient confidentiality encompasses a patient’s lifestyle choice, living conditions, family history, and medical history. At no time shall these aspects be discussed or made public knowledge by a program participant. A program participant that is found to have violated a patient’s confidentiality shall be immediately withdrawn from the program.

Any person submitting a request to participate in the emergency medical services Ride-Along Program may be rejected if such participant would not serve the best interest of the Department. Emergency Medical Technician’s having knowledge of facts or circumstances that would tend to show the person unsuitable for participation should make these facts known to the EMS Department Supervisor or Director.

I have read the above Policy and I understand that I am required to abide by its provisions.

Signature of Participant

Participant’s Printed Name

Date

Signature of Participant’s Parent or Guardian

Parent or Guardian’s Printed Name

Date

Signature of Witness

Witness’s Printed Name

Date