



Prince George Fire and EMS

Liability Release Form

I _____ hereby release Prince George Fire and EMS from any liability of injury, exposure to infectious diseases, death or any other event that may occur during this ride-a-long experience. I understand that there is a potential risk for exposure to blood-borne pathogens and airborne/droplet diseases when participating in an observation program in the fire/rescue work environment. I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered. Should I become exposed to blood or other potentially infectious materials, I will be advised by the fire/rescue service to seek medical attention at the location specified in their Exposure Control Plan. I understand that the fire/rescue service is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling. I agree to maintain complete patient confidentiality regarding patient care in accordance with the Health Insurance Portability and Accountability Act (HIPPA) during and after the ride-a-long date. Taking pictures, videos, or texting information concerning emergency scenes (medical, traumas or motor vehicle accidents) are strictly prohibited. I agree to abide by all rules set forth within the Prince George Fire and EMS regulations and to all instructions set by the AIC (Attendant-in-charge) of the shift.

Observers Signature

Date of Ride-along

AIC Signature

Date

TO be signed by parent/ guardian if under 18 but over 16

I/We, the parent(s) of the above minor child, have read this entire Waiver and Assumption of the Risk, and for myself/ourselves and my/our said minor child who has signed the above, do hereby WAIVE any and all right of action against the County, 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.

Parent/Guardian Signature

Date