

**MORROW COUNTY EMS
REPSIRATORY RELEASE WAIVER**

I _____ hereby release Morrow County EMS from any legal, ethical and personal liability from my choice not to use respiratory protection. I understand the risks and the potential risks associated with this release. This release is based upon the following information.

- Religious reasons
- Medical reasons
- Personal reasons

Explain the reasons for your release below.

Employee Signature: _____ Date: _____

Infection Control Officer Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

Chiefs Signature: _____ Date: _____