

# Morrow County EMS Rider Release Form

The undersigned requests to ride as an observer on an emergency vehicle of Morrow County EMS. As a condition for the permission to do so, the undersigned agrees to the following:

1. To hold Morrow County EMS, its officers and employees totally harmless and not responsible for any bodily injury, illness or death to the observer, occurring as a result of any act, action or omission taken by any person acting upon behalf of Morrow County EMS during the period of observation.
2. To indemnify Morrow County EMS for any liability and or claim resulting from any action omissions by the undersigned during the period of observation.
3. To follow and obey all directions, orders and requests made by Morrow County EMS personnel, including any and all directions intended to preserve any patients rights to privacy.
4. To take no actions in relation to any person upon behalf of, especially in reference to patient care.
5. To hold in confidence as consistent with medical ethics any information in any way derived from observation activities.
6. This permission slip is revocable at any time upon recommendation of the EMS Chief or EMS Captain.
7. That this observation is requested for the purpose of completing the training required for EMT certification.
8. This observation is requested as a professional courtesy and will serve as a learning experience for dispatchers, firefighters and nurses.

Dated \_\_\_\_\_ 20\_\_\_\_ Observer signature \_\_\_\_\_

Professional Affiliation \_\_\_\_\_ Witness \_\_\_\_\_

EMS School \_\_\_\_\_ Date Classes Started \_\_\_\_\_ 20\_\_

Approved By \_\_\_\_\_ Approved By \_\_\_\_\_  
EMS Chief EMS Captain

The observation time was done on the following dates and times:

Date \_\_\_\_\_ Time in \_\_\_\_\_ Time out \_\_\_\_\_ No. of runs \_\_\_\_\_ EMS representative \_\_\_\_\_

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