

WAIVER AND RELEASE OF LIABILITY

Ride Along Observer

Student Participant (enter school below)

Provisional (Enter Agency Below)

School: _____

Agency: _____

Whereas, Levy County, a political subdivision of the State of Florida, by and through its Department of Public Safety (hereafter referred to as LCDPS), is an ambulance and first response provider in the business of responding to emergency calls. I, the undersigned participant (or the undersigned parent or natural guardian for the minor named below), who am age eighteen (18) or older and of legal capacity to sign this document, wish to accompany (or have the minor named below accompany) LCDPS units and/or personnel for the purpose of observing and/or participating in LCDPS emergency and non-emergency operations, standard practices and working conditions, and/or other special occupational techniques, and do voluntarily undertake said participation as set forth below.

In consideration of the privileges granted to _____ by LCDPS:
(PRINTED or TYPED Name of Participant)

I voluntarily and knowingly execute this Waiver and Release of Liability with the express intention of releasing and holding harmless Levy County, a political subdivision of the State of Florida, its Board of County Commissioners, officers, agents, servants, volunteers and employees from all liabilities, claims, actions, damages, losses, or expenses arising out of my voluntary participation with LCDPS, including, without limitation, personal injury, illness, death or property damage, which may be suffered before, during, or after my participation, including claims based on negligent action or inaction by aforesaid parties. In the event the participant is a minor, the waivers and releases contained in this paragraph shall be limited to waiving, releasing, and holding harmless the aforesaid parties from all liabilities, claims, actions, damages, losses, or expenses arising out of or from the risks that are inherent or a natural part of the LCDPS activities in which the minor participates, and shall not include claims based on negligent action or inaction by the aforesaid parties.

Furthermore, it is my intention that this release is binding on my spouse, heirs, legal representatives and assigns and that its coverage extends to my spouse, heirs, legal representatives, and assigns.

I hereby acknowledge that my participation with LCDPS is voluntary and is not in any manner to be construed as being employed by or a promise of employment by Levy County, Florida, or any department or division of Levy County, Florida, including but not limited to LCDPS, nor does it create any agency relationship with Levy County, Florida.

I hereby accept and assume all risks involved in the participation with LCDPS and fully assume all responsibility for any injury, damage, loss or claim of any nature whatsoever, which may result from the participation.

I hereby acknowledge that I will be required to complete HIPAA Compliance Training before I will be allowed to participate in any LCDPS operations. I also hereby acknowledge that I am required to follow all LCDPS Standard Operating Procedures while participating in LCDPS operations.

I, THE UNDERSIGNED, UNDERSTAND THAT THE PARTICIPANT MAY BE EXPOSED TO PATIENTS SUFFERING ILLNESS OR INJURY WHICH MAY BE DISTURBING. SITUATIONS COULD INCLUDE, BUT ARE NOT LIMITED TO, TRAUMA, DISMEMBERMENT, TERMINAL DISEASE, DOMESTIC VIOLENCE, DRUG OVERDOSE, OR DEATH. THE SCENES OF THESE CALLS MAY INCLUDE SERIOUS VEHICULAR OR OTHER ACCIDENTS AND COULD INVOLVE HAZARDS OF KNOWN AND UNKNOWN ORIGINS. NOTWITHSTANDING THE FOREGOING, I HEREBY CONSENT TO THE PARTICIPATION.

IF THE PERSON EXECUTING THIS WAIVER IS DOING SO AS THE PARENT OR NATURAL GUARDIAN OF A MINOR CHILD, THE FOLLOWING NOTICE APPLIES:

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF LEVY COUNTY, ITS BOARD OF COUNTY COMMISSIONERS, OFFICERS, AGENTS, SERVANTS,

VOLUNTEERS, OR EMPLOYEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM LEVY COUNTY, ITS BOARD OF COUNTY COMMISSIONERS, OFFICERS, AGENTS, SERVANTS, VOLUNTEERS, OR EMPLOYEES, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROEPRTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND LEVY COUNTY, ITS BOARD OF COUNTY COMMISSIONERS, OFFICERS, AGENTS, SERVANTS, VOLUNTEERS, OR EMPLOYEES, HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

IN WITNESS WHEREOF, this _____ day of _____, 20____

Participant's Signature
(If applicable)

Parent or Natural Guardian Signature
(If under 18 years of age, must be countersigned by
parent or natural guardian and notarized)

State of Florida
County of _____

The foregoing document was acknowledged this ___ day of _____, 20___, by _____, who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

- Personally Known to Me
- Produced as Identification _____

Notary Public (SEAL)
My Commission Expires:

Participant Information:

Name: _____ Phone#: (_____) _____ - _____
Address: _____
Email: _____

Emergency Contact:

Name: _____ Phone#: (_____) _____ - _____

Note: Only those authorized student and/or provisional participants are authorized to participate in the care of any LCDPS patient, as directed and supervised by an authorized LCDPS staff member.