

**EASTERN PINES FIRE-RESCUE-EMERGENCY MEDICAL SERVICES
REQUEST FOR RIDE-A-LONG
RELEASE OF LIABILITY**

I, _____, desire to be allowed to ride with the EMS personnel of Eastern Pines Fire-Rescue-EMS. I am fully aware that I may be placing myself in danger of both physical and emotional harm by making this request. However, I acknowledge that I have thoughtfully made this decision and ask that I be allowed to ride with EMS personnel. I hereby release Eastern Pines Fire-Rescue-EMS from any and all liability for my safety. I further accept full responsibility for any harm that may come to me as a result of this action on my part. Eastern Pines Fire-Rescue-EMS shall not be responsible for any harm, whether physical or emotional, including death that might result from the granting of my request to be allowed to ride with them and to observe their work both at their station and/or on any call. I hereby indemnify Eastern Pines Fire-Rescue-EMS and all of their members from any and all liability for any injuries of any kind that I may sustain. I further acknowledge that any patient information that I may gain as a result of my participation and /or observation is strictly confidential and will not be shared or discussed with anyone under penalty of law.

Date: _____

Requester's Signature

Street Address

City, State, ZIP

Witnesses:

(Printed name of parent or guardian if minor)

(Signature of parent or guardian if minor)