



City of Heath, Division of Fire

Ride Along Program Waiver

Informed Consent- Observation Program

I understand that there is a potential risk for exposure to bloodborne pathogens or airborne/droplet diseases when participating in an observation program in the Fire/EMS 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/EMS service to seek medical attention at the location specified in their Exposure Control Plan. I understand that the Fire/EMS service is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

I also understand that I may not discuss or share information regarding patients or the care they received. This is considered confidential information.

In consideration for being permitted to participate in the City of Heath, Division of fire Observer/Ride Along Program I, for myself and personal representatives, heirs, next of kin, hereby release, waives, discharges, and covenants not to sue, The City of Heath, The City of Heath Division of Fire, its officers, agents, or employees; from all liability to myself, my personal representative, heirs, and next of kin for all loss or damage, in any claim or damages therefore on account of injury to the person or property or resulting in the death of myself whether caused by negligence of the City of Heath, Division of Fire, its officers, agents, or employees; while I am participating in an Observer/Ride Along Program with the City of Heath, Division of Fire.

I agree to indemnify the City of Heath, Division of Fire and the City of Heath from any loss, liability, damage, and cost I may incur due to my presence in or on the Observer/Ride Along Program whether caused by negligence of the City of Heath, Division of Fire, its officers, agents or employees, and the City of Heath, its officers, agents or employees; or otherwise. I understand that in participating in



City of Heath, Division of Fire

Ride Along Program Waiver

the Observer/Ride Along Program I am exposing myself to the inherent hazards related to the Fire and EMS service. I hereby assume full responsibility for the risk of bodily injury, illness, and death or property damage due to the negligence of the City of Heath, its officers, agents or employees, while in or on the Observer/Ride Along Program.

I agree that this Release Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio.

I further state that I have read the above Release and known the contents of the Release and sign as his/her own free act.

This Release contained the entire agreement between the parties to this Agreement and the terms of this Release are contractual and not mere recital.

Name of Observer (Please Print) _____

Signature of Observer _____

Name of Parent/Guardian (Print) (If student and under 18) _____

Signature of Parent/Guardian (If student and under 18) _____

Address _____

Phone # _____ Age _____

Date of Birth _____