

Lancaster EMS, Inc.

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RIDE ALONG RELEASE FORM

In consideration of being allowed to accompany Lancaster EMS, Inc. personnel on ambulance calls and otherwise participate in the Emergency Medical Services Program.

I, the undersigned, binding my heirs, personal representatives, trustees, administrators, and assigns, do hereby release and agree not to hold liable, Lancaster EMS, Inc., its members, agents and employees from any and all actions, claims, injuries or death sustained by me or my property while participating in the EMS program. I further agree, binding my heirs, personal representatives, trustees, administrators, and assigns, to indemnify, hold and save harmless Lancaster EMS, Inc., its agents, members, and employees from any liability, action, claim, damage, award or judgment incurred or suffered by the above EMS service or individuals as a result of any act of omission by me or caused by me while participating in the above named program.

In addition, I make the following representations and acknowledgments upon which I intend the EMS service to rely:

I realize and agree that while participating in this project, I will not be an agent, servant or employee of Lancaster EMS, Inc. and therefore will not be covered by Lancaster EMS, Inc. for any worker's compensation, death, or disability benefits;

I realize that as an inherent incident of this program, I will at unpredictable times be placed in both foreseeable and unforeseeable positions of considerable danger and agree that neither Lancaster EMS, Inc. nor any of its officers or employees shall be obligated to take any steps or actions to protect my person or provide a means of withdrawal or retreat for me, and release them of any duty to do so;

I agree that any information I may gain, through participation in this program will be used by me only for my personal educational purposes except where I am summoned as a witness in any administrative or court proceeding;

I understand that my participation in the above named program is a privilege subject to revocation at any time by a Lancaster EMS, Inc. officer.

Signature

Date

Witnessed by

Parent or Guardian Signature (if under 18)