River Falls Area Ambulance Service

2002 Wisconsin Service of the Year

175 E. Cedar St., River Falls, WI 54022

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Waiver of Claims and Indemnity for Intern and Ride-A-Long Programs

I, the undersigned, have asked the City of River Falls Ambulance Department for permission to ride as a passenger in a City of River Falls ambulance vehicle while the said vehicle is engaged in ambulance related functions for the purpose of my internship or ride-a-long program.

I understand that the City of River Falls and its Ambulance Department have the right to refuse to allow any person that is not a member of its department to be a passenger in one of the ambulance vehicles at any time. Therefore, in consideration of being allowed to be present in one of the ambulance vehicles, I agree to indemnify and hold harmless the City of River Falls, its agents, servants, employees, and members of the Ambulance Department against any and all claims, demands, damages, costs, or expenses to include reasonable attorney's fees for the defense thereof arising from any damage or injury sustained by me while present as a passenger in a City of River Falls ambulance vehicle or while with a member or members of the Ambulance Department. I understand that I am not covered in any way by any insurance under River Falls Area Ambulance Service or the City of River Falls.

I acknowledge that many of the activities engaged in by members and staff of the River Falls Ambulance Service are non-public, private, and confidential matters as defined by Wisconsin Statutes 146.5, 146.81-84 and under the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Therefore, I agree not to divulge or pass on any information I receive or obtain by participating in the Ambulance Department's Intern or Ride-A-Long programs unless I have written authorization from the Ambulance Director or his written designate. Further, I agree to indemnify and hold harmless the Ambulance Director, his/her staff, and employees, and the City of River Falls for such damage as they may be liable for because of my divulging information or injuries I may obtain by participating in the Ambulance Department Intern or Ride-A-Long programs.

In the case of any action or proceeding brought against the City of River Falls, the Ambulance Director, staff or employees, or its agents, servants, or employees of the City of River Falls, by reason of any such claims upon the City of River Falls and the Ambulance Director, I covenant to defend such action or proceedings by counsel reasonably satisfactory to the City of River Falls and the Ambulance Director.

This means that I will not hold the City of River Falls, the Ambulance Director, its agents, servants, or employees liable for any damages or injuries that may occur to me in connection with these programs.

_____ _____

(Printed Full Name) Signature (Parent/Guardian if under 18) (Date)

Address:_____

(Street) (City) (State) (Zip Code)

(____) _____ (____) _____ ____/____/____

(Home Phone) (Work Phone) (Date of Birth)

Authorized By:_____ Date:_____

(Ambulance Department Signature)

Check one: ❑ EMS Intern ❑ Ride Along