



Emergency Medical Services Revised 08/2010

Ride-Along Release and Indemnity Agreement

BEFORE any individual is allowed to ride-along on any City of Allentown Ambulance, this form must be filled out, signed, witnessed and placed in the Supervisor's mailbox.

*A supervisor **MUST** approve every ride-along **PRIOR** to the event.*

I, \_\_\_\_\_, hereby expressly acknowledge that I am eighteen (18) years of age or older, and that I desire to participate voluntarily in a 'ride-along' program with the City of Allentown, bureau of EMS. I also fully understand that, even though EMS staff will make a best effort to help me avoid any harm, that during the course of this ride-along I may be exposed to numerous adverse or unwanted situations, including but not limited to: unknown mechanical, environmental, man-made or biological hazards; I will see situations and hear things are private, privileged and that may be disturbing to me; I will be in close proximity to sick and injured people who may have communicable diseases that I may acquire; I may find myself in situations where my personal safety is compromised and where I have no safe place to flee; I may find myself in a position where I cannot leave the scene due to the emergency situation for many hours and I may be exposed to outside weather elements of cold, heat, rain, wind and snow with no place to take shelter. I acknowledge that I must be prepared for the unexpected and I must be able to adapt to a rapidly changing environment, and; **I acknowledge and understand that during the entire course of this voluntary ride-along it may not be safe for me, and I may get injured, sick or killed despite the best efforts of others to help to keep me safe.**

By executing this Agreement, I also agree to all of the following:

- I will abide by and follow all directives given to me by the EMS staff during this ride-along.
- I will wear, full-length pants, no jeans; a shirt with short of full sleeves, no tank tops or tee-shirts; solid shoes, no sandals, heels or sneakers; no revealing clothing or visible piercing or aggressive looking tattoos will be allowed; hair must be neat and if long, tied in the back.
- I will remain quiet and assume the role of an observer at all times (unless I am an approved student or health professional acting as part of the crew).
- I will not approach any dangerous scene, HAZMAT, Fire or rescue operation.
- I will only exit the ambulance CAREFULLY from the REAR DOOR being aware of traffic and my surrounding; I will not use the side door unless approved by the EMS staff.
- I will not disclose any information I learn about any patient or their conditions. I will abide by the City of Allentown's HIPAA privacy policy.
- I will not stay past 0000 hours (midnight) unless I am being returned to the station after a call.
- I will only ride along this one (1) time under this Agreement.

In consideration for the City of Allentown, bureau of EMS making this opportunity available to me, I, intending to be legally bound, for myself, my heirs, personal representatives and assigns, (1) do hereby expressly release, acquit, and forever discharge the City of Allentown, the Bureau of EMS, its staff, management, medical command physician(s), trustees, employees, agents, successors, and assigns, from any and all claims for injuries (including death), illnesses both physical and mental or damages I may have, now, or in the future, caused by, arising out of, or in any way related to, my participation in any and all activities both inside and outside of the EMS bureau, including but not limited to this EMS ride-along program; and (2) do hereby expressly agree to hold harmless and fully indemnify the City of Allentown and the Bureau of EMS, including its staff, management, medical command physician(s), trustees, employees, and agents from any and all liability arising out of my participation in said 'ride-along' program as described above.

I have read and fully understand this Agreement, executed this \_\_\_\_\_ of \_\_\_\_\_, Year \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Authorized by: \_\_\_\_\_ (Must be Operations Supervisor or above)

**EMS STUDENT CLAUSE:** By checking here ☐ I opine that I am a medical / EMT / paramedics student enrolled in a City of Allentown approved education course, and that I will follow all of the guidelines, rules and regulations of that course that may augment this Agreement, however, this Agreement's purpose and intent shall remain unchanged.