I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release Greensville Volunteer Rescue Squad from any liability of injury, exposure to infectious diseases, death or any other event that may occur during this ride-a-long experience as an observer or for clinical experience on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I agree to maintain complete patient confidentiality regarding patient care in according with the Health Insurance Portability and Accountability Act (HIPAA) during and after the above ride-a-long date. Taking pictures, videos or texting information concerning emergency (medical, trauma or motor vehicle accidents) are strictly prohibited.

I agree to abide by all rules set forth within the Greensville Volunteer Rescue Squad regulations and to all instructions set forth in the Observer Policy as well as the Crew Chief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer/Student Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President, Vice President, Operations Officer Signature Date

**To be signed by parent/guardian if under 18 but over 16 years of age**

I the parent/guardian of the above minor child have read this entire wavier and assumption of the risk and for myself and my said minor child, who has signed the above, do hereby WAIVE any and all right of action against Greensville Vol. Rescue Squad, its Officers, Directors and members for any injury or damage that he/she might suffer while participating in the observation or clinical experience including but not limited to, property damage, injury, exposure to infectious or communicable diseases, contracting an infectious or communicable disease, emotional distress or psychiatric disturbance or disease.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date