

CHRISTIANSBURG RESCUE SQUAD OBSERVER PROGRAM

Purpose: The Christiansburg Rescue Squad observer program is developed to provide an educational experience to expose a citizen, potential member or EMS student to our emergency medical services and technical rescue functions.

DATE: _____

PERSONAL INFORMATION

Name:

Last First MI

Address: _____

Age, if under 21: ____ Phone Number: _____ Email: _____

YOUR PURPOSE:

Why are you interested in observing with Christiansburg Rescue Squad? (Check all that apply)

- () EMS Student
- () Potential Member
- () General Interest
- () Other: _____

Have you ever observed with Christiansburg Rescue Squad before? YES / NO

If yes, what dates? _____

PRIVACY AND CONFIDENTIALITY

_____ (initial) I understand that I may be exposed to confidential information such as a patient's medical or social history or other private information. I agree that I will keep all such information confidential and will not divulge it to anyone without the expressed written consent of the Christiansburg Rescue HIPAA Compliance Officer. I further understand that state and federal regulations protect patient privacy and that Christiansburg Rescue will cooperate fully with any regulatory or law enforcement agency investigating potential violations of patient privacy regulations.

ADHERENCE TO RULES

_____ (initial) I agree that I will follow all department rules and obey all directions given to me by the members supervising me during this observation period. I understand that following these rules and obeying these orders are necessary to minimize risks to my safety.



Christiansburg Rescue Squad Observer Program

RELEASE AND WAIVER OF LIABILITY

During my observation experience with Christiansburg Rescue Squad, I understand that I will be responding in an emergency vehicle on emergency calls. Some scenes may involve hazardous conditions including but not limited to: motor vehicle collisions, exposure to bodily fluids, exposure to seriously ill or injured patients. I acknowledge that I have voluntarily applied to participate in the Christiansburg Rescue Squad Observer Program.

I AM AWARE THAT THIS EXPERIENCE MAY INVOLVE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by the Christiansburg Rescue Squad to participate in these activities, I forever release the Christiansburg Rescue Squad, the Town of Christiansburg and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY BETWEEN ME AND THE RESCUE SQUAD AND THE TOWN, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver are understood by me and the participant.

Participant Signature: _____

Parent / Guardian Signature: _____
(Under 18)



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