

**AMBULANCE RIDE ALONG/PRECEPTORSHIP
PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK**

This Agreement, made this ____ day of _____, 20____, by and between Great Falls Emergency Services, Inc., a Montana Corporation with its principal place of business at 514 9th Avenue South, Great Falls, Montana (hereafter "GFES"), and _____, of _____, (hereafter "Rider").

WITNESSETH

1. GFES is an authorized ambulance service provider in the City of Great Falls, Montana; and
2. Rider desires to ride along with a GFES ambulance as part of Rider's professional education and training; and
3. There are certain risks and requirements involved in the provision of ambulance services; and
4. The parties hereto desire to memorialize the said risks and requirements, and provide for a clear enunciation of the risks assumed by Rider in furthering Rider's professional education and training as set forth herein.

NOW, THEREFORE, in consideration of the mutual promises herein contained, the parties do hereby covenant and agree as follows:

1. **Acknowledgement of Risk:** Rider specifically acknowledge that riding along as a passenger, observer and/or preceptee in an ambulance and accompanying emergency personnel as they perform services at emergency sites (hereafter "activities") entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or other damage to myself, to property, or to third parties.
2. **Assumption of Risk:** In consideration of GFES's agreement to allow Rider to participate in the activities, Rider expressly agrees and promises to accept and assume all of the risks existing in the activities. Rider's participation in these activities is purely voluntary, and Rider elects to participate in spite of the risks. Rider further agrees to follow all instructions of the assigned EMT(s) or preceptor(s) and to behave prudently and act safely at all times.
3. **Confidentiality:** Rider expressly agrees and promises that he or she will hold all patient information strictly confidential in accordance with HIPAA and all other applicable federal and state laws, and will not disclose such patient information to any other party.
4. **Indemnity and Release:** In consideration of GFES's agreement to allow Rider to participate in the activities, Rider expressly agrees and promises to indemnify and hold harmless GFES from any and all claims, demands, or causes of action, which are in any way connected with my participation in the activities, including any such claims which arise out of my negligence, or any alleged negligent acts or omissions of GFES.

2. Be present no more than ten minutes prior to the scheduled ride time, and shall leave the premises promptly at the end of their scheduled ride-along. No non-agency affiliated riders shall be permitted to ride past 22:00 hours (11 pm), without authorization from management
3. Conduct himself or herself in a professional manner at all times, and shall respect the privacy of the crews as well as the patients.
4. Exercise suitable personal hygiene expected of professional medical personnel. Appearance must be clean and orderly. Long hair must be tied securely back keeping it out of Rider's face and out of the face(s) of the patient(s). Rider shall remove excessive jewelry. Clothing must be clean and suitable, without holes and/or frayed edges. Examples include active dress pants such as Dockers or EMS pants. No blue jeans or shorts will be allowed. Button-up shirts, short or long sleeved shirts are preferred. No T-shirts are permitted.

To minimize confusion on scenes, no clothing that depicts other company logos is permitted. Riders must be prepared for inclement weather. Riders who are enrolled in an EMS training program must have the name of the training program, their own name, and their current training level evident on their uniform.

5. Refrain from allowing guests during their ride-along, as guests are strictly prohibited. Rider shall not let anyone into the building or ambulances without the permission of the crew present in the ride-along. Rider shall not access the crew sleeping quarters, use company computers, and shall use the telephone only if necessary. Rider shall not use of cell phones and/or pagers at any time during ride time. If Rider believes it is necessary to carry a cell phone, Rider shall explain this necessity to the crew, and the crew shall make the final determination whether the cell phone shall accompany Rider. If the crew allows a cell phone in the ambulance, Rider shall silence the cell phone or place it on vibrate only during the ride-along.

A rider who does not meet the above standards, will not be allowed to ride until he or she makes the appropriate corrections, or the ride-along shall be terminated.

Rider specifically acknowledges and agrees that the crew may, at its sole discretion, deny access to a scene due to a safety issue or sensitive scene. This is for the well-being of the rider and occupants of the scene.

10. HIPAA: Given the nature of the work of GFES, it is imperative that GFES and Rider maintain the confidentiality of the patient's information that may be received in the course of the duties of GFES. GFES prohibits the release of any patient information to anyone outside the organization. Rider will be dispatched to scene calls where he or she will observe patient care being administered, as well as patient information being obtained. This information may be in the form of written information, oral communication and photos, which are all protected by Federal and State laws, rules, and regulations. Rider can be held liable for any breach of patient confidentiality, and any such breach of patient confidentiality will result in immediate termination of the ride-along. All incidents will be investigated by GFES management to make sure appropriate steps are taken to protect our ambulance crew(s) as well as GFES.

Date of birth: _____

Social Security Number: _____

Full name given at birth: _____

Address: _____

Driver License Number: _____

Driver License State: _____

I hereby certify that all information above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation of required information is grounds for dismissal or disqualification from ambulance ride-along with Great Falls Emergency Services.

In consideration of the services of Great Falls Emergency Services, Inc., and its agents, owners, directors, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "GFES"), I hereby agree to release, indemnify, and discharge GFES, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the activities, I may be found by a court of law to have waived my right to maintain a lawsuit against GFES on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Print Name: _____

Address: _____

Phone: _____

Date: _____

Office Use Only

_____ background check payment received

_____ background check completed

_____ 3rd ride approved / disapproved