

WAIVER AND CONFIDENTIALITY AGREEMENT

I, the undersigned, desire to participate in a “ride along” capacity with, or otherwise observe the operations of, the Regional Emergency Medical Services Authority, d/b/a Buchanan County EMS (“REMSA”) and its ambulance services for my own educational knowledge and development (the “Student Activity”). In consideration of my ability to participate in the Student Activity, I hereby agree as follows:

1. In the course of the Student Activity, I may have access to patient information pertaining to nature of illness, current and previous medical history, medications, and medical treatment, as well as financial and family history of the patient. Unless otherwise expressly approved by REMSA, I agree not to disclose or otherwise disseminate to a third party any confidential patient information, including protected health information (“PHI”), financial information or other patient identifying information, or any other proprietary information or impressions obtained during the Student Activity, and shall treat all such information as confidential.

2. I understand the use of tape recorders, cameras and other recording devices during participation in the Student Activity are strictly prohibited.

3. I agree that at all times during the Student Activity, I shall act in compliance with all REMSA rules and directives, as well as, all applicable federal and state laws, statutes, ordinances, rules and regulations.

4. I understand the risk of danger of physical harm inherent to ambulance operations and participation in the Student Activity. I am aware of the risk of grievous bodily or psychological harm, property loss and the risk of my death as a result of many factors, including but not limited to: toxic or biological hazards, infection or disease, musculoskeletal injury, vehicular accidents, fire, gunshot, physical violence, crime, social insurrection, man-made or natural disaster. By signing this document, I acknowledge the presence of such risks and agree to assume all risk of injury, illness or death.

5. I hereby agree to hold harmless and indemnify REMSA, any related entities, and their respective affiliates, employees, agents, officers and directors, from and against all liability, loss, claims, demands, causes of action or expense (including, but not limited to, reasonable attorney fees), of any kind or nature, arising out of or relating to my participation in the Student Activity.

6. I hereby release and forever discharge REMSA, any related entities, and their respective affiliates, employees, agents, officers and directors, from any liability, claims, demands, damages, actions, and causes of action of whatever kind and nature, arising out of or related to my participation in the Student Activity.

I HAVE READ THE FOREGOING CAREFULLY AND I UNDERSTAND ITS CONTENT. ANY QUESTIONS, WHICH MAY HAVE OCCURRED TO ME CONCERNING THIS DOCUMENT, HAVE BEEN ANSWERED TO MY SATISFACTION.

Date

Signature

Name (Printed)