

Ambulance Service of Manchester, LLC

P.O. BOX 300
MANCHESTER, CONNECTICUT 06045

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FAX: 860-643-0759

WAIVER AND GENERAL RELEASE OF LIABILITY Observers, Students and ALS Field Interns

STUDENT NAME:	TODAY'S DATE:
INTENDED START TIME:	INTENDED END TIME:
PROGRAM NAME/AFFILIATION/INSTRUCTOR NAME:	<input type="checkbox"/> CIVILIAN OBSERVER <input type="checkbox"/> STUDENT <input type="checkbox"/> ALS PRECEPTEE
HOME ADDRESS(STREET):	CITY, STATE, ZIP CODE:
LEVEL OF PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED: <input type="checkbox"/> EMT <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> PARAMEDIC <input type="checkbox"/> N/A	EMERGENCY CONTACT (NAME AND PHONE NUMBER):

In consideration of my being permitted to ride with The Ambulance Service of Manchester, LLC (ASM), I voluntarily and knowingly execute this Waiver and General Release of Liability with the express intention of releasing ASM, it's managers, officials, agents, and employees from and against all liabilities, claims, actions, damages, losses, or expenses arising out of or due to my participation in this observation time, including, without limitation, injury, illness, or death which may be suffered before, during, or after such participation.

I hereby accept and assume all risks to myself involved in participating in this ASM Program and fully assume all responsibility for any injury, damage, or claim of any nature whatsoever that may result from such participation. Furthermore, I understand that this Waiver and General Release of Liability includes provisions for waiver of any claims based on negligent action or inaction of ASM, its managers, officials, agents, and employees. I, the undersigned, have elected to assume all such risks.

I understand that any and all professional liability is the sole responsibility of the program with which I am affiliated. I understand that ASM will be held harmless and is indemnified from and against any claim, loss, cost or expense, including attorney's fees that may arise out of any act or omission caused by the undersigned student, observer or preceptee. It is my intention that this Waiver and General Release of Liability shall be binding upon my spouse, heirs, legal representatives and assigns and that its coverage extends to my heirs, legal representatives, and assigns.

I understand that it is my responsibility to return any and all items assigned to me by ASM (such as safety vests or other uniform items) for use during observation. I understand that if I do not return such items to ASM I will be billed by ASM for the cost of their replacement.

x _____
Observer Date

x _____
ASM Manager/Witness Date