

Acadian

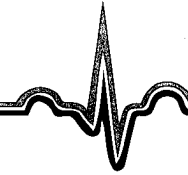
Ambulance Service



NATIONALLY
ACCREDITED

4100 Ed. Bluestein Blvd. • Austin, TX • 78721
1-800-259-3333

EMPLOYEE
OWNED



INDIVIDUAL RELEASE

STATE OF TEXAS
ACADIAN AMBULANCE SERVICE, INC.

KNOW ALL MEN BY THESE PRESENT:

WHEREAS, The undersigned is desirous of carrying out and executing his responsibilities and duties as assigned and provided for by his employer and/or association, to wit, ACADIAN AMBULANCE SERVICE, whose address is P.O. Box 98000, Lafayette, LA 70509-8000, a bonafide company, and/or corporation and/or recognized affiliation group and;

WHEREAS, I am fully cognizant of all of the hazards, risks and dangers normally and usually attendant to such duties and undertakings, including but not limited to the unusual speed of emergency vehicles, exposure to infectious diseases, entrance into and operations in hazardous areas, and do hereby assume all of the risks of injury to myself and/or damage to my property which occurs or may occur before, during or after the time during which I am a passenger in an Acadian vehicle and while at the scene of an emergency.

NOW THEREFORE, in consideration of Acadian Ambulance Service, Inc. acting through its officers, directors, agents or employees granting permission to me to ride aboard an Acadian vehicle, I do hereby covenant and agree that I hereby assume all risks, dangers and hazards associated with emergency medical vehicles and also with any negligence of the employees and/or officers of Acadian Ambulance Service, Inc., whether said negligence be associated with risks, dangers or hazards normally attendant to an emergency medical vehicle or associated with ordinary negligence in the operation, loading, and unloading of any vehicle and I further hereby fully release and forever discharge Acadian Ambulance Service, Inc., its officers, directors, agents, employees, members, underwriters, successors, contractors, subcontractors, and parties in privity with Acadian Ambulance Service, Inc., and all others for whom Acadian Ambulance Service, Inc. may be responsible in the premises from any and all consequences, demands or causes of action and of any and all other liability whatsoever for any injury and/or damages sustained or which may be sustained to myself and/or to my property, including my death through any act or omission of Acadian Ambulance Service, Inc., its officers, directors, agents, employees or members, in any way whatsoever arising out of my contact with or riding in or upon a vehicle of Acadian Ambulance Service, Inc., and I do hereby covenant and agree and do by these presents bind myself, my heirs, executors and assigns to release and forever discharge and to never make any claim against the said Acadian Ambulance Service, Inc., its officers, directors, agents, employees, underwriters, or successors to recover for any claims including property damage, medical expenses, personal injuries, including death, and any and all other claims that may arise in any way whatsoever as a result of such activities.

The foregoing covenant and release is and will be effective presently and at all future times when I am allowed to ride as a passenger in any vehicle of Acadian Ambulance Service, Inc., unless previously revoked in writing by me.

EXECUTED THIS _____ DAY OF _____, A.D. 20____: AT _____
(MONTH) (CITY)
_____, TEXAS.
(COUNTY)

APPLICANT'S FULL NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE (If applicant is a minor,
Parent or Guardian signature)

PARENT OR GUARDIAN SIGNATURE

WITNESS