

  
**ALAMO AREA**  
**AMBULANCE**  
CLINICAL RELEASE FORM

In consideration of being allowed to accompany Alamo Area Ambulance, LLC personnel on ambulance calls and otherwise participate in clinical rotations.

I, the undersigned, binding my heirs, personal representatives, trustees, administrators, and assigns, do hereby release and agree not to hold liable, Alamo Area Ambulance, LLC, it's members, agents and employees from any and all actions, claims, injuries or death sustained by me or my property while participating in clinical rotations.

I further agree, binding my heirs, personal representatives, trustees, administrators, and assigns, to indemnify, hold and save harmless Alamo Area Ambulance, LLC, its agents, members, and employees from any liability, action, claim, damage, award or judgement incurred or suffered by the above EMS service or individuals as a result of any act of omission by me or caused by me while participating in clinical rotations.

In addition, I make the following representations and acknowledgments upon which I intend the EMS service to rely:

I realize and agree that while participating in clinical rotations, I will not be an agent, servant or employee of Alamo Area Ambulance, LLC, and therefore will not be covered by Alamo Area Ambulance, LLC for any worker's compensation, death, or disability benefits;

I realize that as an inherent incident of this program, I will at unpredictable times be placed in both foreseeable and unforeseeable positions of considerable danger and agree that neither Alamo Area Ambulance, LLC, nor any of its officers or employees shall be obligated to take any steps or actions to protect my person or provide a means of withdrawal or retreat for me, and release them of any duty to do so;

I agree that any information I may gain, through participation in this program will be used by me only for my personal educational purposes except where I am summoned as a witness in any administrative or court proceeding; I agree to not engage in Social Media about any happenings during my clinical rotations; including but not limited to pictures, patient information, or call information.

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Signature

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Printed Name

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Date