



Ambulance Rider Waiver Form

Name: _____

Phone: _____ D.O.B. _____

Mailing Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Affiliation (if any):

ECA _____ EMT _____ EMT-I _____ Paramedic _____ Non-EMS Observer _____

I, _____, will be riding as a(n), observer/student with Wilson County Emergency Services District 4.

I fully understand the hazards of riding on an emergency vehicle and operating in an emergency environment. I understand I could be exposed to risk, injury, and potentially death as part of operations in an emergency environment.

I agree that I will not hold Wilson County Emergency Services District 4 agency nor its staff, volunteers, or Board Members responsible for any injury or harm sustained while on the ambulance, on agency property, or during emergency calls due to any accident or other circumstance.

I agree to hold confidential any protected health information I may encounter from patient interactions.

I agree to follow the directives of Wilson County Emergency Services District 4 personnel at all times during my scheduled shift.

I agree to read the Wilson County Emergency Services District 4 protocols covering riders and obey its directives while I am on emergency calls.

I agree to maintain a current Basic Life Support (BLS) CPR card on the date of my scheduled shift or obtain a BLS CPR card from Wilson County Emergency Services District 4 at the start of my shift.

This agreement shall remain in effect for one calendar year from the date of the EMS Director signature. After this point, another agreement will need to be completed.

Rider's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

EMS Director Signature: _____ Date: _____