Paramedic Services – Community Paramedine – Pre-Hospital and Community Education

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Informed Consent and Release of Liability for Ride-Alongs

THIS IS A RELEASE OF LIABILITY.
READ IT CAREFULLY AND COMPLETELY BEFORE SIGNING.

I _____ ("Participant") and his/her parent or legal guardian if Participant is under age 18 (jointly "We") hereby consent to participate in a ride-along with Ute Pass Regional Health Service District (UPRHSD). I/We understand that the purpose of this opportunity is to observe the practice of Emergency Medicine, Community Paramedicine, and the Mental Health Assessment Program and the professionals in these roles. Unless stated or specified in a separate or additional agreement, patient care is only to be provided by UPRHSD employees.

Risk

I/We acknowledge that I will be riding in an ambulance or Alternative Care Transport vehicle with UPRHSD providers when they respond to emergency medical services or community paramedic incidents. Reasonable effort will be facilitated by UPRHSD to keep third riders safe, including appropriate measures for personal protective equipment (PPE). I/We also understand that in responding to such incidents, I may be exposed to potentially harmful and stressful conditions and situations. Exposure to infectious diseases transferred through blood, body fluids, and airborne pathogens; exposure to dangerous materials and chemicals; risk of physical harm resulting from a combative patient are examples of such scenarios or situations. I/We understand that my exposure to graphic and traumatic events, including major injuries and death, carries the risk of emotional injury. Additionally, I/We recognize that I may be exposed to risks that I cannot anticipate. I/We understand that the UPRHSD professionals' responsibility is to provide care and treatment to the patient and that they may not be able to protect me from the many hazards to which I may be exposed.

Release

I/We understand that my participation in a ride-along has some inherent risks. I/We, therefore, release UPRHSD, its providers, leadership team, Board of Directors, and Medical Director(s) from any claim, damage, illness, or loss that I, my spouse, legal representatives, heirs, and assigns may experience as a result of my participation in this opportunity, including physical and emotional injury.

Furthermore, I agree to follow all directives of the providers, present myself in a professional manner, and engage in no activity that would undermine, defame, or discredit Ute Pass Regional Health Service District, its staff, or associates.

Indemnification/We agree to fully indemnify and hold harmless UPRHSD from any and all losses, liabilities, damages, or costs, including reasonable attorney's fees, which may be incurred as a result of injuries to the Participant, UPRHSD or other parties or persons, which arise from participation in the Ride-a-Long Program, whether any such loss or liability was caused by the negligence of UPRHSD or otherwise and for any acts or conduct on my/our part.

Extent of Release

The undersigned expressly agree(s) that this Release is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion of this Release is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Confidentiality

I further acknowledge that as part of this agreement, I may learn details about information proprietary to the District, and/or patient Protected Health Information (PHI). By signing this release, I also attest that I have received a copy of and am knowledgeable of the District's policies regarding HIPAA compliance. I understand that no proprietary information or PHI shall be discussed at any time, even after my ride-along has ended.

Signature: _____ Date: _____