



## EMT Student Ride Along Agreement

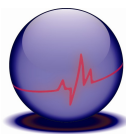
I, \_\_\_\_\_ understand that I am being granted a ride along trip with \_\_\_\_\_. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program, which include, but are not limited to bodily injury, physical disability, physical and mental diseases, death, and property damage resulting from the risks of motor vehicle accidents, exposure to infectious / contagious diseases, accompanying EMS personnel into high crime areas and the general uncertainty surrounding the provision of emergency services. Understanding these risks, it is still my decision to participate in the Ride-Along Program and in consideration of allowing me to participate, I assume full responsibility for such risks. I agree that neither I, or my legal representatives, heirs, and assigns, will hold \_\_\_\_\_, its officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of \_\_\_\_\_, its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of \_\_\_\_\_, its officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charge to, or recovered from or sought to be recovered from \_\_\_\_\_, its officers, employees and agents, as a result of my participation in the Ride-Along Program.

As a ride along participant, I understand the use of eye protection and gloves will be required on every call regardless of your proximity to an event (gloves will be provided by \_\_\_\_\_). An ID badge will be worn at all times during the ride along.

As an EMT student, you will observe and may be allowed to participate in the assessment and/or treatment of patients under supervision. As part of the agreement it should be noted that a student might be denied the right to practice any skill, by either crew member, at any time, during their ride-along experience.

You are not allowed to lift or move patients and will not operate any patient moving devices while a patient is on them. I further understand that I am not permitted to drive any ProTranposrt-1 vehicles during the course of this ride along. I also understand that if I



FAST RESPONSE SAFETY TRAINING CENTER, INC.  
DBA: FAST RESPONSE SCHOOL OF HEALTH CARE EDUCATION  
2075 ALLSTON WAY • BERKELEY, CA 94704  
MAILING ADDRESS: P.O. BOX 1283, BERKELEY, CA 94701  
(510) 849-4009 • [EMT@FASTRESPONSE.ORG](mailto:EMT@FASTRESPONSE.ORG) • [WWW.FASTRESPONSE.ORG](http://WWW.FASTRESPONSE.ORG)



violate the terms of this agreement, my ride along trip will be immediately terminated and I may be denied any future ride along trips with \_\_\_\_\_.

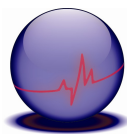
As a Ride Along participant, I will treat PHI (private health information) as strictly confidential as stated in the HIPPA regulations. Disclosure of PHI outside of the organizations who are working with the patient is strictly forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, etc shall be removed, disclosed or transmitted off site.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the state of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of \_\_\_\_\_ and such permission may be restricted to specified periods of time or revoked entirely by \_\_\_\_\_ at its sole discretion.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_



FAST RESPONSE SAFETY TRAINING CENTER, INC.  
DBA: FAST RESPONSE SCHOOL OF HEALTH CARE EDUCATION  
2075 ALLSTON WAY • BERKELEY, CA 94704  
MAILING ADDRESS: P.O. BOX 1283, BERKELEY, CA 94701  
(510) 849-4009 • [EMT@FASTRESPONSE.ORG](mailto:EMT@FASTRESPONSE.ORG) • [WWW.FASTRESPONSE.ORG](http://WWW.FASTRESPONSE.ORG)