

## High School Emergency Medical Technician (EMT) Registration

STUDENT ID or Last 4 Digits of SSN	LAST NAME	FIRST NAME		MIDDLE INITIAL
EMAIL		TERM	SPRING	FALL
D.O.B	/ /	SEX	Male	Female
HOME PHONE		CELL/WORK PHONE		
MAILING ADDRESS				
CITY, STATE		ZIP		
Emergency Contact (Name and Phone Number):				

Please indicate which class schedule:

Cardinal Gibbons High School                      High School   X  

Please indicate your shirt size:

XXL      XL      L      M      S      XS      Other                     

**Student Financial Responsibility:** Registration constitutes a financial agreement between you and Barry University. Students assume responsibility for all costs incurred as a result of enrollment at the University.

**Withdrawal Policy:** Withdrawal from a course, with refund of tuition, is permitted seven (7) days prior to the course start date. Refunds may not be processed until a written request is received. After that date, there is no refund of tuition, and the full tuition is the financial responsibility of the student. If we are asked to bill an organization and the registrant does not attend, the organization will be billed unless the registration is cancelled in advance. Barry University reserves the right to cancel any class because of insufficient registration.            (Initial)

**Course to Add:**

Course Code	Course Name	Days
EMS 0110c	EMT Lecture and Lab 8/17/2022-5/17/2023	Monday-Friday
EMS 0941	EMT Field/Hospital 8/17/2022-5/17/2023	TBA

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

## Immunization Record

### TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English. A copy of the original immunization record(s) is preferred.

#### A. M.M.R. (MEASLES, MUMPS, RUBELLA) Two doses required for all students born on or after 1/1/57.

1. Dose 1 given at age 12-15 months or later \_\_\_\_\_ #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y
2. Dose 2 given at age 4-6 years or later and at least one month after first dose \_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

#### B. TETANUS-DIPHTHERIA Booster with Td in the last ten years is required.

1. Tetanus-Diphtheria (Td) booster within the last ten years \_\_\_\_\_ #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

*The following immunizations are required for the hospital emergency room externship:*

#### C. INFLUENZA VACCINATION Shot within the last year is required.

1. Given on: .....#1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

#### D. HEPATITIS B (Three doses of vaccine or a positive hepatitis surface antibody)

1. Immunization a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ b. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Hepatitis B surface antibody \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: Reactive \_\_\_\_ Non-reactive \_\_\_\_  
\*Please provide a copy of lab work or a numerical result.

#### E. HEPATITIS A OR COMBINED HEPATITIS A AND B VACCINE (*Hepatitis A is suggested, not required*)

1. Immunization (Hepatitis A) a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Hepatitis A & B a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ b. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

#### F. VARICELLA (Either a history of chicken pox with a positive varicella antibody or two doses of vaccine)

1. History of Disease Yes \_\_\_\_ No \_\_\_\_ If yes, date please \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Immunization a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ b. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Varicella antibody \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: Reactive \_\_\_\_ Non-reactive \_\_\_\_  
\*Please provide a copy of lab work or a numerical result.

#### G. TUBERCULOSIS SCREENING

1. PPD skin test Date given \_\_\_\_/\_\_\_\_/\_\_\_\_ Date read \_\_\_\_/\_\_\_\_/\_\_\_\_  
Result: \_\_\_\_\_ (Record actual mm of induration, if no induration, write "O")
2. Chest x-ray (required if PPD skin test is positive)  
Date of chest x-ray \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: Normal \_\_\_\_ Abnormal \_\_\_\_

### HEALTH CARE PROVIDER (Please sign and place health care provider address and phone number or stamp below).

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Barry University  
Emergency Medical Services Program**

**Health Certification and Immunization Compliance Record**

To be completed by a licensed health care provider.

I certify that \_\_\_\_\_ has been examined by me on \_\_\_\_\_ and is found to be in good physical and mental health and appears able to undertake all aspects of the Emergency Medical Services Program with \_\_\_\_\_ or without \_\_\_\_\_ accommodation. (Please see "Core Performance Standards for Admission, Progression and Completion in the Emergency Medical Services Program.

Practitioner's name (print): \_\_\_\_\_

Practitioner's signature: \_\_\_\_\_

Licensed as (check one): ARNP \_\_\_\_\_ Physician Assistant \_\_\_\_\_ Physician \_\_\_\_\_

Licensed number: \_\_\_\_\_ State/County Licensed: \_\_\_\_\_

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**Barry University  
Emergency Medical Services Program  
Core Performances Standards for Admission, Progression and Completion**

**Performance**

Ability to observe and communicate

**Standard**

EMTs/Paramedics must be able to observe and understand evidence about a patient's status quickly and accurately and communicate rapidly and clearly with patients and members of the work team.

**Examples of Necessary Activities**

This requires the ability to see both close and distance visual information; discern three-dimensional and spatial relationships; hear high and low pitched sounds, soft sounds and the spoken word; and communicate using the verbal and written word.

Physical capabilities and motor skills

EMTs/Paramedics are required to have the capacity to move patients in excess of 125 pounds (250 pounds with assistance) and position equipment as needed; to be sufficiently mobile to provide care to several patients at a time; and to have sufficient dexterity, hand-eye coordination and stamina to operate complicated equipment and perform procedures on patients for prolonged periods as medically required.

This requires upper and lower body strength; gross and fine motor skills; mobility, speed and dexterity in small spaces; eye-hand coordination; tactile sense for percussion, palpation and therapeutic interventions such as invasive line placement and cardiopulmonary resuscitation; and stamina

Cognitive skills and intellectual capacities

EMTs/Paramedics are expected to be able to understand, synthesize and interpret complex medical information related to patient needs and care; to demonstrate the ability to transcribe and communicate that information quickly and accurately; and to be able to distinguish standard from non-standard patterns of patient response.

This requires the capacity to understand and interpret complex information from multiple sources quickly; capacity to learn, integrate and apply new information; capacity to translate and document complex data; ability to recognize patterns or responses; ability to multitask when needed; ability to focus on the task at hand.

Decision-making skills

EMTs/Paramedics are expected to demonstrate the capacity to gather, organize, prioritize and act on information appropriately and under pressure in a manner that facilitates the delivery to patient care.

This requires the ability to intellectually organize information and prioritize actions; the capacity to identify cause/effect relationships; and make rapid decisions "on the fly."

Behavioral and social attributes

EMTs/Paramedics are expected to exhibit professionally appropriate behaviors at all times with patients, family members and with members of the health care delivery team.

These behaviors include capacities for: establishing rapport and trust with people of various sociocultural and educational backgrounds; respect for team roles and norms; preserving confidentiality; clarity of communication with patients, their families and other health care providers; timeliness in completing work. This also requires emotional maturity; ability to work in small, closed, and dark spaces for long periods; effective coping skills; ability to adjust to social situations; discretion and ability to detach.

## AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION (FERPA)

Completed forms may be submitted to the Office of the Registrar in person at Adrian 108, or may be signed, scanned, and emailed from the requestor's BARRY EMAIL. Faxed and non-Barry email submissions will be verified by phone using the student's phone number on file.

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
(Required)

Under the Family Educational Rights and Privacy Act (FERPA), Barry University is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. The term "parent" includes natural parent, guardian, or individual acting as a parent in the absence of a natural parent or guardian. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

**Yes.** I certify that my parents **claim me as a dependent** for federal income tax purposes.

Name of Parent/Guardian	Relationship to Student	Parent/Guardian Email Address
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**No.** I certify that my parents **do not claim me as a dependent** for federal income tax purposes. I am NOT claimed as a dependent for federal income tax purposes, but I agree that Barry University may disclose information from my educational and financial records to the person(s) I designate below:

Name of Designee	Relationship to Student	Designee Email Address
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Name of Designee	Relationship to Student	Designee Email Address
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**No.** I certify that my parents **do not claim me as a dependent** for federal income tax purposes. **I do not wish to release my educational or financial records to anyone at this time.** I understand that Barry University will NOT be able to provide any financial or educational information to anyone but myself.

I have read and understand the above and I recognize that consent or non consent as established in this document shall remain in effect until revoked by me in writing.

Student's Signature	Student's Name (Print)	Date
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*(must print and sign prior to submitting)*

**BARRY UNIVERSITY**  
**HOLD HARMLESS/INDEMNIFICATION AGREEMENT FORM A (MINORS)**

This Agreement between Student and Barry University, Including Hold Harmless, Release, and Assumption of the Risk Provisions (hereinafter "Agreement") is entered into by and between Barry University ("University") and \_\_\_\_\_ (hereinafter "Student") concerning Student's participation in the \_\_\_\_\_ ("Program"). Student and University are referred to herein individually as "Party" and collectively as "Parties."

RELEASE AND HOLD HARMLESS . Student hereby releases, discharges, and agrees to hold harmless University, its trustees, employees, agents, and representatives, from any and against all liability arising out of or in connection with Student's enrollment in the Program and participation in its classes, training courses, activities, field trips, practice sessions, and related exercises.

For purposes of this Agreement, "liability" means all claims, demands, losses, causes of action, suits, or judgments of any kind that the Student or Student's heirs, executors, administrators, or assigns may have against University, or any of their trustees, employees, agents, or representatives, or that any other person or entity may have against University, or any of their trustees, employees, agents, or representatives, because of Student's failure to pass any course or class or obtain particular grades, personal injury, accident, illness, or death, or because of any loss of or damage to property that occurs to Student or his or her property during Student's participation in the University classes and training courses, activities, field trips, practice sessions, and related exercises that result from any cause, including, but not limited to, University's or their trustees', employees', agents', or representatives' own passive or active negligence or other acts other than fraud, willful misconduct, or violation of the law.

ACKNOWLEDGEMENT OF INHERENTLY DANGEROUS ACTIVITIES AND ASSUMPTION OF THE RISK THEREOF . Student acknowledges that the nature of Student's training at the University may involve dangerous and hazardous activities, including, but not limited to, exposure to chemical agents, driver's training, strenuous physical activities, repelling, diversionary devices, tactical operations, field scenarios, Academy ride along, and physical conditioning which may expose Student to the danger of sustaining severe personal injuries, death, or loss or damage to Student's property. Student acknowledges the inherent hazardous and dangerous nature of these activities and voluntarily participates therein and assumes all risk of loss, injury, or death from Student's participation therein. Student represents and warrants that Student is mentally and physically fit, capable, able, and willing to participate in these inherently hazardous and dangerous activities without any limitations.

Student will obey all instructions, orders and commands given by any Barry University employee during participation in the Program. I understand that such instructions, orders, and commands will be for my safety and protection.

Student agrees that Student has reviewed all of the requirements of the course, and Student is not presently aware of any physical, behavioral, emotional, or mental condition which will impair Student's ability to participate in the course or its related activities.

**Page 1 of 4**

BARRY UNIVERSITY  
HOLD HARMLESS/INDEMNIFICATION AGREEMENT

Student Initial \_\_\_\_\_  
Parent Initial \_\_\_\_\_

INJURIES. Student will immediately report in writing to a member of the University any injury that Student has sustained during the course of Student's participation in the classes, training courses, activities, and practice sessions offered by the University.

IMPAIRMENT. Student will not participate in any classes, training courses, exercises, practice sessions, or related activities offered by the University if Student's ability to participate in said exercise is impaired for any reason whatsoever. Student shall immediately in writing inform a member of the University staff, if Student is unable to participate for any reason. If University, in its sole discretion, determines that Student is impaired, University may exclude Student from participating in the course.

The use, offer for sale, sale, distribution, possession, or manufacture of any controlled substance or drug except as expressly permitted by law is prohibited. The use, offer for sale, sale, distribution, possession, or manufacture of chemicals, products, or materials for the purpose of use as an intoxicant (such as glue or paint) except as expressly permitted by law is also prohibited. Possession of drug paraphernalia is also prohibited. Such laws are strictly enforced by local law enforcement agency. Violators are subject to University disciplinary action, criminal prosecution, fine and/or imprisonment. The University reserves the right to remove any student from the program upon suspicion of the use of alcohol, drugs, or any other substance used to cause impairment to the students mental status. Such removal from the program will be at the discretion of the EMS program director and/or the program coordinator. Students in violation of this policy will not be eligible for a refund.

STUDENT'S EQUIPMENT. Student is responsible for the maintenance and care of Student's equipment.

MEDICAL CONSENT. In the event of a medical emergency, Student hereby grants to University, and to its employees, agents, and representatives, the full authority to take any action deemed necessary to protect Student's health and safety at Student's own expense, including, but not limited to, placing Student under the care of a physician or in a hospital or any place for medical examination or treatment. Student agrees that University is not required to take any such action if University is not aware of the emergency or if, in its discretion, determines that no emergency exists.

I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injury and property damage, that exist, now or in the future, against Barry University, its directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my participation in the Program including any claim, cause of action or lawsuit based on negligence, actions or inactions of Barry University, its trustees, employees, agents, and representatives.

**I UNDERSTAND THAT THIS HOLD HARMLESS AND INDEMNITY AGREEMENT INCLUDES ANY AND ALL CLAIMS BASED ON THE NEGLIGENCE, ACTIONS OR INACTIONS OF BARRY UNIVERSITY, ITS TRUSTEES, EMPLOYEES, AGENTS, AND REPRESENTATIVES AND COVERS BODILY INJURY AND PROPERTY DAMAGE, WHETHER SUFFERED BY MYSELF OR ANOTHER PERSON.**

Page 2 of 4

BARRY UNIVERSITY  
HOLD HARMLESS/INDEMNIFICATION AGREEMENT

Student Initial \_\_\_\_\_  
Parent Initial \_\_\_\_\_

Notwithstanding any provision to the contrary set forth herein, it is understood and acknowledged that the terms and conditions set forth herein do not waive any applicable workers compensation claim.

The parties recognize that in order to simplify the paperwork associated with each detail, ride along, function, special event, or trip associated with the Program, this agreement shall be applicable to all Program activities.

In entering this Agreement, the parties represent that they have had a reasonable opportunity to seek and select legal advice and have relied upon the advice of their own legal representative, who is an attorney of their choice, or have voluntarily chosen not to seek the advice of an attorney, and that the terms of this Agreement have been completely read and that those terms are fully understood and are voluntarily accepted.

In the event of litigation in connection with or concerning the subject matter of this Agreement, the prevailing party shall be entitled to recover all costs and expenses incurred by such party in connection therewith, including reasonable attorney's fees.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN:**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF BARRY UNIVERSITY USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM BARRY UNIVERSITY IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.**

**YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BARRY UNIVERSITY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I/We have read this Hold Harmless/Indemnification Agreement, have the authority to sign on behalf of myself and my minor child, and sign voluntarily.

_____ Parent/Guardian Signature	_____ Parent/Guardian Name	_____ Date
_____ Parent/Guardian Signature	_____ Parent/Guardian Name	_____ Date
_____ Student Signature	_____ Student Name	_____ Date

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Student Street Address	City	State	Zip Code	Phone
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STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is Personally known to me or who has produced \_\_\_\_\_ as Identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed/Printed Name of Notary



**BARRY UNIVERSITY**  
**HOLD HARMLESS/INDEMNIFICATION AGREEMENT FORM B (NON-MINORS)**

This Agreement between Student and Barry University, Including Hold Harmless, Release, and Assumption of the Risk Provisions (hereinafter "Agreement") is entered into by and between Barry University ("University") and \_\_\_\_\_ (hereinafter "Student") concerning Student's participation in the \_\_\_\_\_ ("Program"). Student and University are referred to herein individually as "Party" and collectively as "Parties."

RELEASE AND HOLD HARMLESS . Student hereby releases, discharges, and agrees to hold harmless University, its trustees, employees, agents, and representatives, from any and against all liability arising out of or in connection with Student's enrollment in the Program and participation in its classes, training courses, activities, field trips, practice sessions, and related exercises.

For purposes of this Agreement, "liability" means all claims, demands, losses, causes of action, suits, or judgments of any kind that the Student or Student's heirs, executors, administrators, or assigns may have against University, or any of their trustees, employees, agents, or representatives, or that any other person or entity may have against University, or any of their trustees, employees, agents, or representatives, because of Student's failure to pass any course or class or obtain particular grades, personal injury, accident, illness, or death, or because of any loss of or damage to property that occurs to Student or his or her property during Student's participation in the University classes and training courses, activities, field trips, practice sessions, and related exercises that result from any cause, including, but not limited to, University's or their trustees', employees', agents', or representatives' own passive or active negligence or other acts other than fraud, willful misconduct, or violation of the law.

ACKNOWLEDGEMENT OF INHERENTLY DANGEROUS ACTIVITIES AND ASSUMPTION OF THE RISK THEREOF . Student acknowledges that the nature of Student's training at the University may involve dangerous and hazardous activities, including, but not limited to, exposure to chemical agents, driver's training, strenuous physical activities, repelling, diversionary devices, tactical operations, field scenarios, Academy ride along, and physical conditioning which may expose Student to the danger of sustaining severe personal injuries, death, or loss or damage to Student's property. Student acknowledges the inherent hazardous and dangerous nature of these activities and voluntarily participates therein and assumes all risk of loss, injury, or death from Student's participation therein. Student represents and warrants that Student is mentally and physically fit, capable, able, and willing to participate in these inherently hazardous and dangerous activities without any limitations.

Student will obey all instructions, orders and commands given by any Barry University employee during participation in the Program. I understand that such instructions, orders, and commands will be for my safety and protection.

Student agrees that Student has reviewed all of the requirements of the course, and Student is not presently aware of any physical, behavioral, emotional, or mental condition which will impair Student's ability to participate in the course or its related activities.

INJURIES. Student will immediately report in writing to a member of the University any injury that Student has sustained during the course of Student's participation in the classes, training courses, activities, and practice sessions offered by the University.

IMPAIRMENT. Student will not participate in any classes, training courses, exercises, practice sessions, or related activities offered by the University if Student's ability to participate in said exercise is impaired for any reason whatsoever. Student shall immediately in writing inform a member of the University staff, if Student is unable to participate for any reason. If University, in its sole discretion, determines that Student is impaired, University may exclude Student from participating in the course.

The use, offer for sale, sale, distribution, possession, or manufacture of any controlled substance or drug except as expressly permitted by law is prohibited. The use, offer for sale, sale, distribution, possession, or manufacture of chemicals, products, or materials for the purpose of use as an intoxicant (such as glue or paint) except as expressly permitted by law is also prohibited. Possession of drug paraphernalia is also prohibited. Such laws are strictly enforced by local law enforcement agency. Violators are subject to University disciplinary action, criminal prosecution, fine and/or imprisonment. The University reserves the right to remove any student from the program upon suspicion of the use of alcohol, drugs, or any other substance used to cause impairment to the students mental status. Such removal from the program will be at the discretion of the EMS program director and/or the program coordinator. Students in violation of this policy will not be eligible for a refund.

STUDENT'S EQUIPMENT. Student is responsible for the maintenance and care of Student's equipment.

MEDICAL CONSENT. In the event of a medical emergency, Student hereby grants to University, and to its employees, agents, and representatives, the full authority to take any action deemed necessary to protect Student's health and safety at Student's own expense, including, but not limited to, placing Student under the care of a physician or in a hospital or any place for medical examination or treatment. Student agrees that University is not required to take any such action if University is not aware of the emergency or if, in its discretion, determines that no emergency exists.

I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages including, but not limited to, personal injury and property damage, that exist, now or in the future, against Barry University, its directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either directly or indirectly, from my participation in the Program including any claim, cause of action or lawsuit based on negligence, actions or inactions of Barry University, its trustees, employees, agents, and representatives.

**I UNDERSTAND THAT THIS HOLD HARMLESS AND INDEMNITY AGREEMENT INCLUDES ANY AND ALL CLAIMS BASED ON THE NEGLIGENCE, ACTIONS OR INACTIONS OF BARRY UNIVERSITY, ITS TRUSTEES, EMPLOYEES, AGENTS, AND REPRESENTATIVES AND COVERS BODILY INJURY AND PROPERTY DAMAGE, WHETHER SUFFERED BY MYSELF OR ANOTHER PERSON.**

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BARRY UNIVERSITY

HOLD HARMLESS/INDEMNIFICATION AGREEMENT

Notwithstanding any provision to the contrary set forth herein, it is understood and acknowledged that the terms and conditions set forth herein do not waive any applicable workers compensation claim.

The parties recognize that in order to simplify the paperwork associated with each detail, ride along, function, special event, or trip associated with the Program, this agreement shall be applicable to all Program activities.

In entering this Agreement, the parties represent that they have had a reasonable opportunity to seek and select legal advice and have relied upon the advice of their own legal representative, who is an attorney of their choice, or have voluntarily chosen not to seek the advice of an attorney, and that the terms of this Agreement have been completely read and that those terms are fully understood and are voluntarily accepted.

In the event of litigation in connection with or concerning the subject matter of this Agreement, the prevailing party shall be entitled to recover all costs and expenses incurred by such party in connection therewith, including reasonable attorney's fees.

Printed Name of Student: \_\_\_\_\_

Signed Name of Student: \_\_\_\_\_

\_\_\_\_\_

Printed Name of Program Director: \_\_\_\_\_

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Street Address

City

State

Zip Code

Phone

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is

Personally known to me or who has produced \_\_\_\_\_ as

Identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed/Printed Name of Notary

Consistent with their Core Values, it is the policy of Holy Cross Hospital, Inc., and its related entities ("HCH Entities") that all Associates, Medical Staff members, Auxiliaries, Volunteers, Student Interns and others, will maintain the confidential or privileged status of information that may come into their possession during the course of their employment or other relationship with HCH Entities. Confidentiality or privilege against disclosure is to be maintained to the fullest extent permitted or required by state and federal law or accreditation body standards.

This Agreement applies to, but is not limited to, patient or resident medical records and demographic information, third party payer information, as well as that of any and all of the HCH Entities' business or financial information, business documents, trade secrets, management action plans, strategic plans, its computer access codes or passwords and its electronic information systems software or data (collectively "Confidential Information").

This will confirm that I have read all of the related policies listed below, as may be applicable to me.

I agree that during the course of my employment or relationship with HCH Entities, and thereafter, that I will not:

- A. Disclose any Confidential Information to any person or entity except in the course and scope of normal job description duties or responsibilities, and as permitted in departmental policies and procedures, or as otherwise permitted by law;
- B. Make any unauthorized copies of any Confidential Information (electronic or otherwise);
- C. Entice, induce or encourage any past, present or future Associates to violate the restrictions of this Agreement;
- D. Use any Confidential Information for any personal purposes or for any unauthorized purpose;
- E. As it relates to facsimile machines, photocopy machines, computers, computer systems and any other electronic information devices (collectively "Electronic Device"):
  - a) I shall not disclose any passwords for gaining access to any Electronic Device, or allow any other person to use my password to gain access to any Electronic Device;
  - b) I shall remove my password from the workstation when leaving work area;
  - c) I shall not attempt to access a transaction or information not authorized to me or my department;
  - d) I shall not use a workstation in an area where I am not authorized;
  - e) I shall not falsify data (including unauthorized deletion or alteration of information);
  - f) I shall not share information with unauthorized personnel (including workstation display or hard copy print out).

I understand that any violation of this Agreement or related policies shall be grounds for termination "for cause" of my employment or other relationship, criminal prosecution, civil litigation or other disciplinary action pursuant to the HCH policies and procedures.

Print your full name:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date:

\_\_\_\_\_

HCH Electronic Communications and Devices Acceptable  
Use Policy HCH Confidential Nature of Hospital Business  
Policy HR-07-710 HCH Information Systems Policies and  
Procedures SEC 001  
HCH Emergency Department Clinical Order Entry System Security Policy

**REQUEST FOR PERMISSION TO RIDE AS AN OBSERVER**

**AND**

**HOLD-HARMLESS AGREEMENT**

The undersigned being over the age of eighteen, does hereby request the Fort Lauderdale Fire-Rescue Department for permission to ride solely as an observer in an authorized Fort Lauderdale Fire-Rescue Department motor vehicle. This observation is for the purpose of educational benefit. If permission is granted, I hereby agree at all times to obey all instructions, orders and directives given me by the officer or officers in command whether it be in or at the fire station, on any fire department vehicle or at any incident scene. I fully realize and appreciate the basic nature of fire department work and the possibility that situations will arise which might result in exposure to danger or physical harm or injury, including, but not limited to, motor vehicle accidents. I also understand this includes the inherent risk and dangers of exposure to COVID-19, as such risks cannot be avoided even through the use of reasonable care by the City of Fort Lauderdale. I nevertheless freely and voluntarily accept these risks. I further agree to keep confidential anything which I may observe when requested to do so by members of the Fort Lauderdale Fire-Rescue Department. Additionally, I understand that I cannot take any photographs, video or other imaging (analog or digital) without the express written consent of the Fire Chief or their designee. I further understand and agree that any medically related patient information shall not be disseminated in any form under penalty of law (HIPAA). Finally, I understand that the privilege of riding as an observer may be terminated at any time without notice by the Fort Lauderdale Fire-Rescue Department.

WHEREFORE, in consideration of the educational benefit to be received and the granting of the above request, I hereby agree to hold the City of Fort Lauderdale, its Commission, Fort Lauderdale Fire-Rescue Department and its Fire Chief, City of Fort Lauderdale employees, agents and servants harmless from any and all liability to me for bodily injury or property damage whether proximate or remote, sustained during the period of time I may be in the capacity of an observer as aforesaid.

_____	_____	_____
(Print Name)	(Home Address)	(Telephone Number)
_____	_____	_____
(Signature)	(City)	(State, Zip)
_____	_____	_____
(Age)	(Date of Birth)	(Occupation)
_____	_____	_____
(Fire Department Witness - Print)	(Witness - Signature)	(Rank)
Approved: <input type="text"/>	<input type="text"/>	For <input type="text"/>
	(Deputy Chief of Designee – Print & Signature)	
Unit Assigned: <input type="text"/>		(Date and Time Period)