

High School Emergency Medical Technician (EMT) Registration -17 Year Age Min

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:

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: _____
Date: ____/____/____ Last First Middle
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: _____

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
------------------	-------------------------	------------------------

☐ **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.

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

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

Student 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

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: _____

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

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.

<hr/>	<hr/>	<hr/>
(Print Name)	(Home Address)	(Telephone Number)
<hr/>	<hr/>	<hr/>
(Signature)	(City)	(State, Zip)
<hr/>	<hr/>	<hr/>
(Age)	(Date of Birth)	(Occupation)
<hr/>	<hr/>	<hr/>
(Fire Department Witness - Print)	(Witness - Signature)	(Rank)
<hr/>		
Approved:	<div style="border: 1px solid black; width: 560px; height: 25px; display: flex;"><div style="flex: 1; border-right: 1px solid black;"></div><div style="flex: 1;"></div></div>	
	(Deputy Chief of Designee – Print & Signature)	For
		<div style="border: 1px solid black; width: 180px; height: 25px;"></div>
		(Date and Time Period)
Unit Assigned:	<div style="border: 1px solid black; width: 120px; height: 25px;"></div>	

**OAKLAND PARK FIRE RESCUE DEPARTMENT
GENERAL RELEASE**

The undersigned _____ hereby represents and warrants that he/she is over the age of eighteen (18) years and does hereby request permission of the City of Oakland Park Fire Rescue Department to accompany members of the Department at City fire stations and upon department vehicles or apparatus to fires, emergency medical calls, patient transports and other emergency and non-emergency responses during the course of their duties. I understand and represent that the permission sought is to ride as an observer only.

In consideration of being granted permission to accompany department personnel as an observer I do hereby agree to:

1. Obey, at all times, all instructions, orders and commands given me by the department member in command of a station or vehicle in which I may be riding as an observer.
2. Discharge the City of Oakland Park, Florida, a municipal corporation, its successors and assigns from any and all claims, damages, demands, actions, and causes of action, present and future, whatsoever for injuries which may result from my accompanying department personnel as described above.
3. Fully indemnify the City of Oakland Park, Florida, its successors and assigns, from any and all loss, liability or damages which may occur due to my accompanying department personnel as described above.
4. Fully agree to pay all attorney fees, expenses and court costs which may be incurred by litigation arising from this release and indemnification and the matter described herein.

Date Ride-Along Requested for: _____ **Hours (From/To):** _____
(Date and hours subject to approval of Fire Chief and may be revised from what is requested)

DATE: _____

NAME: _____ **SIGNATURE:** _____

ADDRESS: _____ **TELEPHONE:** _____

WITNESS:

NAME: _____ **SIGNATURE:** _____

ADDRESS: _____ **TELEPHONE:** _____

APPROVAL CHIEF OF FIRE RESCUE _____

CITY OF Hollywood
Assumption of Risk and Release of Liability

For and in consideration of being permitted to ride as an observer with the Hollywood Fire Rescue Department in an emergency or other medically-related vehicle of the educational benefits to be received, and in full recognition, understanding and appreciation of the basic nature of emergency work, and the possibility that situations will arise which result in my being exposed to physical harm or injury through, but not limited to, vehicle accidents, blood borne pathogens, disease or violent patients, I do hereby agree to assume all known and unknown risks in connection therewith. I understand this includes the inherent risks and dangers of exposure to COVID-19, as such risks cannot be avoided even through the use of reasonable care by the City of Hollywood. Further, I do hereby release and forever discharge the City of Hollywood, its officials, officers, agents and employees from any liability or responsibility from any cause whatsoever, including negligence, illness, disease, infection, death, or injury to my person or damage or loss to my property that I may sustain or suffer resulting from or in any manner connected with my participation in this activity.

I acknowledge that my participation is as an observer only in an authorized City of Hollywood motor vehicle unit on:

Date(s) Riding/Observing: _____

Time(s) Riding/Observing: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Driver License Number: _____

I agree that if any portion of this document is held invalid or unenforceable by a court of competent jurisdiction, then the remaining portion shall nevertheless continue in full force and effect.

I HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW.

Participant Signature: _____

Print Participant Name: _____

Date Signed: _____

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____ 2022, by _____.

NOTARY PUBLIC

Personally Known OR

Produced Identification

Type of Identification Produced

**RELEASE FROM LIABILITY,
COVENANT NOT TO SUE, AND INDEMNIFICATION AGREEMENT
(hereinafter referred to as "Release")**

KNOWN TO ALL INDIVIDUALS BY THESE PRESENTS:

That the undersigned Student/Observer, and his or her parent/legal guardian on behalf of the Student/Observer if the Student/Observer is a minor, (herein referred to singularly and collectively as the "Student/Observer"), hereby stipulates and agrees as follows:

I. RELEASE FROM LIABILITY

For and in consideration of being permitted to participate in ride time experience(s) on County Fire Rescue Vehicles and/or other clinical experiences (hereinafter referred to singularly and collectively as "Ride Time Experiences"), the Student/Observer does hereby, and for his or her heirs, executors, administrators, successors, assigns and representatives, unconditionally release and forever discharge, to the extent permitted by law, Palm Beach County of and from any and all claims, damages, injuries, liabilities, expenses, losses, costs and/or causes of action of any nature whatsoever and consequences flowing therefrom including medical expenses and/or death, and including attorney's fees and costs whether at trial or appellate levels or otherwise, arising directly or indirectly from the Student/Observer's Ride Time Experiences or presence on County premises or at an emergency scene, whether caused by any negligent, wrongful or other act or omission of the County, the Student/Observer or a third party, or by inherent risks or otherwise, whether such injuries or damages are known or unknown, permanent or otherwise, now existing or which may hereafter accrue.

II. COVENANT NOT TO SUE

For and in consideration of being permitted to participate in Ride Time Experiences, the Student/Observer does hereby, and for his or her heirs, executors, administrators, successors, assigns and representatives, further stipulate and agree, to the extent permitted by law, not to initiate, file or pursue against the County any compensation claim, law suit, contribution claim, or other legal claim or action at law or in equity for any injuries or damages of any kind or nature and the consequences flowing therefrom including medical expenses and/or death, arising directly or indirectly from the Student/Observer's Ride Time Experiences or presence on County premises or at an emergency scene, whether caused by any negligent, wrongful or other act or omission of the County, the Student/Observer or a third party, or by inherent risks or otherwise, whether such injuries or damages are known or unknown, permanent or otherwise, now existing or which may hereafter accrue.

III. INDEMNIFICATION AGREEMENT

For and in consideration of being permitted to participate in Ride Time Experiences, the Student/Observer does hereby, and for his or her heirs, executors, administrators, successors, assigns and representatives, further stipulate and agree to indemnify and hold harmless, to the extent permitted by law, the County from any and all claims, damages, injuries, liabilities, expenses, losses, costs and/or causes of action of any nature whatsoever and consequences flowing therefrom including medical expenses and/or death, and including attorney's fees and costs whether at trial or appellate levels or otherwise, arising directly or indirectly from or caused by any act or omission of the Student/Observer, whether such injuries or damages are known or unknown, permanent or otherwise, now existing or which may hereafter accrue.

IV. DEFINITIONS; REPRESENTATIONS; AND SEVERABILITY

As used in this Release, "Palm Beach County" or "County" shall mean Palm Beach County, Florida, including its officers, agents, representatives and employees in both their official and personal capacities, and their heirs, successors and assigns; and "County Fire Rescue Vehicles" shall mean, singularly and collectively, any medical rescue unit(s), fire response unit(s), or other vehicle(s) owned or operated by Palm Beach County.

The Student/Observer agrees to abide by all pertinent County Fire Rescue policies, and to follow any directions of County Fire Rescue personnel relating to Ride Time Experiences and the Student/Observer's presence on County premises or at an emergency scene. The Student/Observer acknowledges and agrees that the nature of fire-rescue services, including emergency medical services, fire protection services, and related services, may expose the Student/Observer to risk of injury, including but not limited to physical and psychological injury, exposure to harmful and hazardous substances and materials, and exposure to traumatic, gruesome, violent and stressful emergency scenes. The Student/Observer understands and agrees that, to the extent permitted by law, this Release shall apply to any and all injuries or damages whether known or unknown, anticipated or unanticipated, permanent or otherwise, and the consequences flowing therefrom, arising out of any accidents, exposures, casualties or any other incidents or events which may occur while the Student/Observer is participating in Ride Time Experiences or present on County premises or at an emergency scene, whether caused by the County, the Student/Observer or a third party, or by inherent risks or otherwise.

In the event any portion of this Release shall be declared invalid or unenforceable, such determination shall not affect the remaining provisions hereof, which shall remain in full force and effect. The Student/Observer represents and warrants that no promise or inducement has been offered, except as set forth above, for this Release; and that this Release is executed freely and voluntarily without reliance upon any statement or representation of legal rights by the County. The Student/Observer, and his or her parent/legal guardian on behalf of the Student/Observer if the Student/Observer is a minor, represents and warrants that he or she is legally competent to execute this Release and accept full responsibility for it.

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

NOTICE TO THE MINOR CHILD'S NATURAL / LEGAL 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 PALM BEACH COUNTY 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 PALM BEACH COUNTY 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 PALM BEACH COUNTY HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Witness: _____

Signature of Student/Observer

Witness: _____

Name

Address

Witness: _____

**Signature of Parent/Legal Guardian
if Student/Observer is a minor**

Witness: _____

Name

Address

Supersession History

1. PPM#FR I-23A Form, revised 07/19/2017
2. PPM#FR A-204 Attachment A, 04/01/2018
3. PPM#FR A-204 Attachment A, 3/1/2019

EXHIBIT C

HOLD HARMLESS
BROWARD SHERIFF'S OFFICE
REQUEST FOR PERMISSION TO
PARTICIPATE AS AN ACADEMIC INTERN
&HOLD HARMLESS/INDEMNIFICATION AGREEMENT

I, _____, an Academic Intern, being 18 years of age or older, do hereby request permission from the Broward Sheriff's Office (hereinafter referred to as "BSO") to participate in the BSO Internship Program (hereinafter referred to as the "Internship"), which includes, but is not limited to, riding in a BSO vehicle as an observer, learning from BSO personnel, and actively engaging in actual tasks in conjunction with BSO personnel in multiple functions throughout the agency. I understand and acknowledge that BSO, in its sole discretion, may terminate my participation in the Internship upon verbal or written notice to me. Upon receipt of such notice, I will immediately cease any and all activities associated with the Internship and return to BSO any BSO identification badge(s) and access card(s).

If permission is granted, I will obey all instructions, orders and commands given to me by any BSO employee during my participation in the Internship. I understand that such instructions, orders, and commands will be for my safety and protection.

I am fully aware of and appreciate the fact that, as an Academic Intern with BSO, I may experience or encounter many dangers including, but not limited to, vehicle accidents, altercations with dangerous individuals, and blood-borne/air-borne pathogens. I fully realize and appreciate the fact that such dangers may result in physical harm, injury, or death to me.

I, on behalf of myself, my heirs, executors and administrators, voluntarily accept any and all risks associated with my participation in the Internship, and agree to hold harmless and indemnify BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers and servants from any claim, cause of action, or lawsuit resulting from personal injury or property damage to myself or others during my participation in the Internship including any claim, cause of action or lawsuit based on negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants.

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 BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers and servants resulting, either

directly or indirectly, from my participation in the Internship including any claim, cause of action or lawsuit based on negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants.

I understand that this Hold Harmless and Indemnity Agreement includes any and all claims based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, volunteers or servants and covers bodily injury and property damage, whether suffered by myself or another person.

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, event, activity or trip associated with the Internship, this agreement shall be applicable to all such details, ride alongs, functions, events, activities and trips.

It is further agreed that as an Academic Intern I will not carry a firearm or any other weapon.

I will keep in strict confidence all confidential information of BSO and shall not disclose or reveal any confidential information to any third party without the express prior written consent of BSO.

I will comply with any and all applicable state and federal laws and regulations concerning patient confidentiality or protected health information, if applicable.

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.

Signature

Printed Name of BSO Academic Intern

Address

City, State

Zip Code

Phone

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence
or ☐ online notarization, this _____ by
_____, known to me to be the person
described herein, or who produced _____ as
identification, and who did/did not take an oath.

NOTARY PUBLIC:

(Signature)

(Print Name)

My commission expires: _____

Exhibit A

Student Participation Agreement

I, _____ (“Student”), in consideration of participating in the education experience program provided by Holy Cross Hospital, Inc. (“Hospital”), through my participation in Hospital’s training program, hereby agree to the following:

1. I will comply with all applicable, policies, procedures, rules and regulations of Hospital, and the instructions of Hospital supervisors, including but not limited to, those governing patient confidentiality. I will further observe conservative and professionally appropriate modes of dress, behavior and grooming at all times.

2. I will participate in education and training opportunities in accordance with the instructions of Hospital supervisors.

3. I will submit proof of a negative status of TB confirmed by either TB test or CXR and an immunization record I understand that if I refuse any immunizations or health-related testing, I may be terminated from the training program at Hospital. In the event, however, that I refuse the Hepatitis B vaccination, I will not be terminated from the Program if I promptly sign a written waiver expressly holding Hospital harmless for any Hepatitis B exposure or infection that might result from my educational experience at Hospital.

4. I understand and acknowledge that Hospital has the right to take certain actions, including but not limited to, the right to suspend or terminate me from, or limit my participation in, the education experience program, or to evaluate me unfavorably, if in its exclusive judgment I have failed to observe applicable policies, procedures, rules, regulations, or the instructions of Hospital supervisors, or have compromised the standard or quality of patient care or the safety of patients, or for other reasonable cause, including the failure to follow appropriate modes of dress, grooming and behavior. **I hereby voluntarily release Hospital and its directors, officers, employees, agents and representatives from any and all liability based on such actions.**

5. I acknowledge that the educational experience received by me from Hospital shall be received as a student _____ (insert school name) as a part of my professional training, and not as an employee of Hospital. I understand that as a participant in this educational program, I shall not be entitled to compensation or employee benefits, nor shall I be considered an employee of Hospital for purposes of unemployment compensation, minimum wage laws, workers’ compensation, income tax withholding, Social Security benefits, or any other purpose or benefit.

6. I understand that any and all work product created or developed by me in the performance of my educational experience program at Hospital shall be the sole and exclusive property of Hospital and that I agree to abide by Hospital’s policies and procedures in such regard. I hereby irrevocably convey, transfer, and assign to Hospital all right, title and interest in and to, including all intellectual property rights in and to, such work product, whether or not such work product is deemed a “work made for hire” under the Copyright Act. I irrevocably waive any and all claims I may now or hereafter have in any jurisdiction to so called “moral rights” with respect to the work product and

shall provide to Hospital all assistance reasonably required to perfect Hospital's and its affiliate's rights in the work product hereunder.

7. I understand and acknowledge _____ (insert school name) shall have complete control over all academic aspects of the educational program, including but not limited to, admissions, administration, faculty appointments, program design, grading, examinations and evaluations. **I hereby voluntarily release Hospital and its directors, officers, employees, agents and representative from any and all liability based on such actions.**

8. I have read this Participation Agreement carefully and have had sufficient opportunity to ask questions and have it explained to me before signing it.

*

Student's Signature

Date: _____

*If student is a minor parent/guardian must sign: _____ Date _____

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



DAVIE FIRE RESCUE DEPARTMENT

Town of Davie Fire Rescue Department Release and Hold Harmless

Request for Permission to Ride as an Observer and Hold Harmless Agreement

The undersigned does hereby request the Town of Davie, Broward County, Florida for permission to ride as an observer only in an authorized Town of Davie motor vehicle unit.

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 THE TOWN OF DAVIE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANGE 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 THE TOWN OF DAVIE 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 THE TOWN OF DAVIE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

IN CONSIDERATION of the permission granted _____ by the Town of Davie to ride as an observer with the Town of Davie Fire Rescue Department and any related events and activities, I, the undersigned for myself, my heirs, assigns and administrators, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE TOWN OF DAVIE AND ITS AGENTS, OFFICERS AND EMPLOYEES** from all liability to the undersigned, my heirs, assigns and administrators, of and from all claims and demands, actions and causes of action, damages, losses and liabilities, costs, expenses and compensation on account of the death or injury to myself or my property, and any and all know and unknown, foreseen and unforeseen damages and consequence thereof caused by or arising out of my participation in the Leadership Program for the Town of Davie.

This observation is for the purpose of my educational benefit. If permission is granted, I hereby agree to obey, at all times, all instructions, orders and commands given to me by unit members in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of Emergency Medical work and the possibility that a situation will arise which might result in my being exposed to the danger of physical harm or injury, including but not limited to motor vehicle accidents through negligence of third parties or the Town of Davie. I nevertheless, freely accept these risks.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This release and Waiver contains the entire agreement between the undersigned and the Town of Davie and the terms of this Release and Waiver are contractual and not mere recital.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the law of the State of Florida, and that if any portion, thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

I am not younger than 17 years of age.

☐ I am 17 years of Age

☐ I am 18 years of Age

Participant Name, Printed:	Participant Signature	Date
----------------------------	-----------------------	------

If minor Parents/Guardian Name, Printed:	Parents/Guardian Signature	Date
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Telephone Number: _____ E-mail Address: _____

Address: _____

Driver's License Number: _____ State: _____

Emergency Contact, Name: _____ Telephone Number _____

STATE OF FLORIDA, COUNTY OF

I, an officer authorized to take acknowledgements, hereby certify that this _____ day of _____, 20__, personally appeared before me _____, to me well known to be the person described in and who executed the foregoing release, and acknowledged to me that he/she executed the same freely and voluntarily for the uses and purpose therein. ☐ Physically Present ☐ Online Notarization

Notary Public



Miami-Dade Fire Rescue Department
Office of the Fire Chief
9300 NW 41st Street
Doral, Florida 33178-2414
T 786-331-5000 F 786-331-5101

miamidade.gov

**MIAMI-DADE FIRE RESCUE DEPARTMENT
REQUEST FOR PERMISSION TO PARTICIPATE (OBSERVER/RIDER)
HOLD-HARMLESS AGREEMENT**

THE UNDERSIGNED (PARTICIPANT), being eighteen years of age or older, does hereby request the Miami-Dade Fire Rescue Department of Miami-Dade County, Florida, to allow the aforementioned to observe fire rescue and emergency service procedures, techniques, or practices by an authorized representative of the Miami-Dade Fire Rescue Department at an authorized facility, in a practical field environment, or in an authorized Miami-Dade Fire Rescue Department vehicle. If permission is granted, I hereby agree to always obey all instructions, orders and commands given to me by the officer or officers in command of the training or instruction exercise. (If under eighteen years of age complete section 2-YOUTH).

I FULLY REALIZE AND APPROPRIATE THE BASIC NATURE OF FIRE RESCUE AND EMERGENCY SERVICE WORK AND THE POSSIBILITY THAT SITUATIONS WILL ARISE WHICH MIGHT RESULT IN MY BEING EXPOSED TO DANGER INCLUDING, BUT NOT LIMITED TO, INFECTIOUS DISEASES, MOTOR VEHICLE, AIRCRAFT, OR BOATING ACCIDENTS; ANY INTENTION OR NEGLIGENT ACTS OR OMISSIONS BY ME, OR ANY OFFICE, EMPLOYEE OR AGENT OF MIAMI-DADE COUNTY, OR MALFUNCTION OF EQUIPMENT USED DURING TRAINING OR INSTRUCTION.

THEREFORE; in consideration for the educational benefit to be received and the granting of the above request, I hereby agree to hold Miami-Dade County, its Board of County Commissioners, its employees, agents and servants harmless from all liability for property damage, physical harm, personal injury or death arising out of observing and riding rescue services, and I further agree to waive all rights or claims to damages, legal or equitable, arising out of any intentional, unintentional or negligent acts or omissions by me, or any officer, employee, or agent of Miami-Dade County, or a malfunction of any equipment used during observation ride(s).

Appropriate dress code for participants (observers/riders) will include dark colored slacks, dark colored flat shoes, and a white shirt/blouse or an identifiable uniform, such as military or nurse. Dress attire must be approved by the office in charge of the unit.

To comply with the **Federal HIPAA (Health Insurance Portability Accountability Act) Law**, Miami-Dade Fire Rescue Department will not allow participants (observers/riders) to photograph, film, or participate in any other activity that may violate patient confidentiality.

This agreement shall remain in effect for every occasion on which the participant requests and is granted permission to receive training or instruction.

The undersigned acknowledges that this agreement has been read, understood, fully explained, and all questions regarding it have been answered.

PARTICIPANT'S PRINT NAME

PARTICIPANT'S SIGNATURE

ADDRESS: _____

AGE: _____ **PHONE NUMBER:** _____

EMAIL ADDRESS: _____

ALS PRE HOSPITAL AFFILIATION: ☐ YES ☐ NO

**MIAMI-DADE FIRE RESCUE DEPARTMENT
REQUEST FOR PERMISSION TO PARTICIPATE (OBSERVER/RIDER)
HOLD-HARMLESS AGREEMENT**

SECTION 1

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this

_____ day of _____, 20____ by _____, who ☐ is

personally known to me or ☐ produced a _____ as identification, regarding the attached instrument described as **HOLD-HARMLESS AGREEMENT** and to whose signature whose notarization apply.

SEAL/STAMP

NOTARY PUBLIC NAME

NOTART PUBLIC SIGANTURE

SECTION 2

Must be completed by parents of youth under 18 years of age.

STATE OF FLORIDA
COUNTY OF _____

I certify that I am the parent or legal guardian of _____ who is under eighteen years of age. We have read and understand the-MIAMI-DADE FIRE RESCUE DEPARTMENT REQUEST FOR PERMISSION TO PARTICIPATE (OBSERVER/RIDER) HOLD-HARMLESS AGREEMENT-YOUTH and agree to allow our youth to participate as an observer/rider and to the terms and conditions set forth therein.

LEGAL GUARDIAN'S NAME: _____

LEGAL GUARDIAN'S SIGNATURE: _____

DATE: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this

_____ day of _____, 20____ by _____, who ☐ is

personally known to me or ☐ produced a _____ as identification, regarding the attached instrument described as **HOLD-HARMLESS AGREEMENT** and to whose signature whose notarization apply.

SEAL/STAMP

NOTARY PUBLIC NAME

NOTART PUBLIC SIGANTURE