

**ELLINGTON VOLUNTEER AMBULANCE CORPS
Observer Waiver Form**

LAST NAME	FIRST NAME	MIDDLE NAME
Home Address 1 (physical)	Home Address 2 (PO Box/Alt.)	Town State Zip Code
Phone Number	List any medical training you have.	
Emergency Contact Name Phone Number	Date/Time of Scheduled Observation Time 1 2 3 (circle one)	

- Check one**
- At least 18 years of age
 - 14 to 17 years of age (if checked, complete the information below)

Parent/Guardian Information

LAST NAME	FIRST NAME	MIDDLE NAME
Home Address 1 (physical)	Home Address 2 (PO Box/Alt.)	Town State Zip Code
Phone Number	Relationship to observer?	

By signing below:

I understand that observing and riding with an emergency ambulance crew has inherent risks including, but not limited to possible exposure to serious diseases, violent patient behavior, high speed travel, potentially disturbing experiences involving blood, vomit and bodily deformities. An observer safety vest is available and must be worn at all times during the observation experience with EVAC. I understand that I am limited to observe three, approved and prescheduled shifts with calls. If no calls are observed during these shifts, additional observation time will be granted as necessary.

I understand that the Ellington Volunteer Ambulance Corps crew may at anytime and place dismiss me from the ambulance in the interest of safety of the patient and/or me. I understand that if I am dismissed, I am responsible for my own transportation.

I agree that I will not hold the Ellington Volunteer Ambulance Corps, officers of the Ellington Volunteer Ambulance Corps, members or employees of the Ellington Volunteer Ambulance Corps, or the ambulance crew liable for personal injury, property loss, mental or emotional distress, or any other circumstance or situation during the observation experience.

I understand that patient privacy is protected by Connecticut State Statue and Federal Law (HIPAA). Disclosure of protected personal patient information may lead to jail time and up to \$10,000 in fines.

_____ agrees that it will indemnify, defend and save harmless the Ellington Volunteer Ambulance Corps and all agents, servants and employees, departments, boards, commissions, and agencies regardless of their negligence, from all liability arising out of property damages or physical injury or death to all persons participating in the Observer Program as described above.

Signature of Observer (or minor's parent/guardian)	Date Observer waiver signed
EVAC Approved Signature (Executive Board Officer)	Date Approved

CREW ACCEPTANCE (Circle one): YES NO  = EVAC Only