



Cole Camp Ambulance District

905 E Main, Cole Camp, Mo 65325
(660)668-5006



RELEASE OF LIABILITY

I _____ have requested that Cole Camp Ambulance District allow me to “ride along” as an observer on board the duty or standby units while they are on emergency calls. I agree to release Cole Camp Ambulance District, its officers and employees from any liability that may be the result of an injury, illness or accident, regardless of cause or location while I am participating in the “Ride Along” program

Further, I certify that I do not have any medical condition or past injury that may prevent me from performing any duty that may be assigned to me as part of an ambulance crew. I will advise Cole Camp Ambulance District of any medical condition or past injury that may be questionable, prior to participating in the “Ride Along” program. I agree not to hold Cole Camp Ambulance District, its officers and employees responsible for any expense related to the treatment of such medical condition or past injury.

Signed _____

Date _____

Witness _____

Date _____

I the undersigned (parent / guardian) of _____ give my permission for him / her to participate in the Cole Camp Ambulance District “Ride Along” program. I also agree to above stipulations.

Signed _____

Date _____

Witness _____

Date _____