

OBSERVER RELEASE FORM
CONFIDENTIALITY STATEMENT

Harrisonburg Rescue Squad
P.O. Box 1477
Harrisonburg, Virginia 22803
540 434 2323

Name: _____ Phone Number: _____

Applicant EMT Student Ride Along

Date of Observation: _____ Time of Observation: _____

This agreement is made and entered on the date stated above between the above named Observer and the Harrisonburg Rescue Squad, Inc. for and in consideration of the privilege of observing the normal activities of the Harrisonburg Rescue Squad, Inc. in such a manner as the Chief of the squad shall deem appropriate for the time period stated above.

The above named observer does hereby release, relieve, acquit, and forever discharge the Harrisonburg Rescue Squad, its officers, board of directors, and entire membership, including the City of Harrisonburg, Rockingham County, and Rockingham Memorial Hospital, and their employees, as well as any and all other persons, firms, or corporations whatsoever of and from any and all claims, demands, suits, actions or causes of actions for personal injury, property damage, medical and hospital expenses, loss of wages, loss of the use of property and from any and all other claims, demands, suits, actions, or causes of action whether like or different in character, which the above named Observer has had, has or may hereafter have in any manner connected with, arising from, or growing out of the events occurring within the time period stated above.

It is understood and agreed that this settlement is not to be construed as an admission on liability on the part of the Harrisonburg Rescue Squad, Inc., the City of Harrisonburg, Rockingham County, or Rockingham Memorial Hospital and that this release contains the entire agreement between parties and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release, know the contents thereof, and sign the same as my own free act and deed.

Observer Signature: _____ Date: _____

Parent/Guardian Signature: (if under 18) _____ Date: _____

Crew Leader
Signature: _____ Date: _____

The privacy of all medical records and other individually identifiable health information must be protected at all times. Information relating to a patient's health care history, diagnosis, condition, treatment, or evaluation shall be considered individually identifiable health information. Confidentiality of this health information must be maintained at all times, and may only be disclosed with the express written consent of the patient.