



DORCHESTER COUNTY EMERGENCY MEDICAL SERVICE

821 W. 5th North Street Summerville, SC 29483
843-832-0025/563-0025 FAX 832-0026/563-0026

Douglas H. Warren
Director

RIDE-ALONG WAIVER

Whereas, the Emergency Medical Service (EMS) of the County of Dorchester is providing the opportunity for interested parties to accompany EMS Personnel on their emergency runs, the undersigned hereby requests permission to accompany Dorchester County EMS personnel during EMS activities.

I understand that I am not a representative of Dorchester County Emergency Medical Service and will not represent myself as such. I agree to subject any authority I may have to those of Dorchester County EMS and will follow, without question, the instructions given by Dorchester County personnel. I also understand that my participation in this program is a privilege and can be revoked or suspended at any time by the Director of EMS or his designee. I further understand that dangers and risks arising from EMS operation, emergency vehicle operation, and other activities may exist during my ride-along. By requesting this permission, I understand and appreciate that I will be exposed to such dangers and risks, known and unknown.

In consideration of such permission be granted, the undersigned hereby releases the County of Dorchester, its agents, employees, Dorchester County Council, and the members of Dorchester County EMS, from any and all claims for personal injury or property damage which may arise from the operation or use of, or the occupancy of, Dorchester County EMS vehicles or any other EMS activity which occurs should this request be granted.

I agree to dress according to the requirements of Dorchester County EMS and conduct myself in a manner not to reflect negatively on the County of Dorchester, Dorchester County EMS, or the employees of the County. I further agree that all patient information that may be divulged to me shall be considered strictly confidential.

Print Full Name _____ Date of Birth _____ Home Phone _____

Home Address _____
Street Number _____ City _____ State _____ Zip Code _____

If under the age of eighteen (18) you must have a parent permission and signature below

(Print Name of Parent or Guardian)

(Signature of Parent or Guardian)

This _____ day of _____ 2016.

(Signature of Participant)

Requested Ride-Along Date _____ Requested Times From _____ to _____

Requested Unit _____ Reason for Request _____

* * * * *

Approved _____ Disapproved _____

Reason for Disapproval _____

Ems Director _____ Date _____