

# River Falls Emergency Medical Services

2002 Wisconsin Service of the Year

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## Waiver of Claims and Indemnity for Intern and Ride-A-Long Programs

I, the undersigned, have asked the City of River Falls EMS Department for permission to ride as a passenger in a City EMS vehicle while the said vehicle is engaged in EMS related functions for the purpose of my internship or ride-a-long program.

I understand that the City of River Falls and its EMS Department have the right to refuse to allow any person that is not a member of its department to be a passenger in one of the EMS vehicles at any time. Therefore, in consideration of being allowed to be present in one of the EMS vehicles, I agree to indemnify and hold harmless the City of River Falls, its agents, servants, employees, and members of the EMS Department against any and all claims, demands, damages, costs, or expenses to include reasonable attorney's fees for the defense thereof arising from any damage or injury sustained by me while present as a passenger in an EMS vehicle or while with a member or members of the EMS Department. I understand that I am not covered in any way by any insurance under River Falls EMS or the City of River Falls.

I acknowledge that many of the activities engaged in by members and staff of the River Falls EMS are non-public, private, and confidential matters as defined by Wisconsin Statutes 146.5, 146.81-84 and under the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Therefore, I agree not to divulge or pass on any information I receive or obtain by participating in the Intern or Ride-A-Long programs unless I have written authorization from the EMS Director or his written designate. Further, I agree to indemnify and hold harmless the EMS Director, his/her staff, and employees, and the City of River Falls for such damage as they may be liable for because of my divulging information or injuries I may obtain by participating in the Intern or Ride-A-Long programs.

In the case of any action or proceeding brought against the City of River Falls, the EMS Department, or its agents, servants, or employees of the City of River Falls, by reason of any such claims upon the City of River Falls and the EMS Department, I covenant to defend such action or proceedings by counsel reasonably satisfactory to the City of River Falls and the EMS Department.

I understand that I will not hold the City of River Falls, the EMS Department, its agents, servants, or employees liable for any damages or injuries that may occur to me in connection with these programs.

_____		_____		_____	
(Printed Full Name)		Signature		(Date)	
Address: _____					
(Street)		(City)		(State)	(Zip Code)
( ) _____		_____		/ /	
(Phone #)		(AGE)		(Date of Birth)	
(Email address) _____					

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Ambulance Department Signature)

Check one:  EMS Intern  Ride Along