



Ride-along/Intern General Release of Liability

This agreement is entered into on ____ / ____ / ____, between Advantage Ambulance, Inc., headquartered at 3142 E. Plaza Blvd. Ste. P National City, CA and You _____.

You have asked to participate in Advantage's Ride-along/Intern Program which involves accompanying and observing Advantage's personnel in providing emergency and non-emergency ambulance, and related services.

You may have asked to participate in the Ride-Along/Intern Program to assist you in your training as an Emergency Medical Technician (EMT), Paramedic (EMT-P) or Critical Care Transport Nurse (CCTRN) for the general purpose of observing the operations of an ambulance service. No matter what your reason, participating in the Ride-Along/Intern Program will require you to occupy buildings and other facilities and vehicles used by Advantage in the course of its business and by doing so, you understand that you are exposing yourself to certain risks, including possible dangerous activity. These risks include, but are not limited to, being hurt or injured; for example, by exposure to contagious diseases such as the Hepatitis virus (HEP B, C) and the Human Immunodeficiency Virus ("HIV") or being involved in an automobile accident.

By participating in the Ride-Along/Intern Program you understand and agree that you are participating at your own risk and that Advantage Ambulance is not accepting responsibility for your safety.

California Law (Civil Code 1542) states:

A general release does not extent to claims which the creditor does not know or suspect to exist in his/her favor at the time executing the release, which if known by him/her must have materially affected his/her settlement with the debtor.

By signing this document you are giving up your rights under this law, and you, not Advantage Ambulance, Inc., are assuming complete and total responsibility for any and all injuries, damages or losses that you may suffer as a result of participating in Advantage's Ride-Along/Intern Program.

In summary, by signing this document, you are agreeing to the following:

- 1) If something bad or unpleasant happens to you while participating in the Ride-Along/Intern Program you will be financially responsible, not Advantage Ambulance, Inc.
- 2) You understand that you could be exposed to blood and other potentially infectious materials which puts you at risk of acquiring the Hepatitis virus (HEP B,C). Your doctor or the City Health Department can provide you information as to where you can obtain a vaccination, at your own cost, for the prevention of the Hepatitis B virus. Regardless of whether you elect to have this vaccination, you agree to hold Advantage Ambulance, Inc. harmless if you contract any communicable disease.
- 3) You have read California Civil Code 1542 and you understand that you are giving up your rights under that law.

- 4) You understand that your participation in Advantage's Ride-Along/Intern Program is limited to the role of observing and you are not expected to and you should not assist or help Advantage's personnel in the performance of their jobs. Should you decide to offer or extend help or assistance, you do so at your own risk and you assume financial responsibility for anything bad or unpleasant that may happen to you as a result.
- 5) You understand that no one who works for Advantage Ambulance or represents Advantage has the authority to change the terms of this General Release and that you cannot rely on any statements told to you that change or contradict this General Release.
- 6) You will wear a seat belt at all times during the ride-along.
- 7) You have read and completely understand that this General Release will remain in effect and apply for all Advantage Ambulance ride-alongs in which you participate for one (1) year from the date you sign this General Release.
- 8) You certify that you are at least eighteen (18) years old.

Ride-along Confidentiality & Non-Disclosure Agreement

I understand that Advantage Ambulance provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Advantage Ambulance's patients. I understand that it is necessary, in the rendering of Advantage Ambulance services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies and procedures set in place by Advantage Ambulance during my experience as a student/guest/trainee with Advantage Ambulance. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of Advantage Ambulance immediately.

I also understand that I may be exposed to other confidential or proprietary information of Advantage Ambulance and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Advantage Ambulance. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a student/guest/trainee will stay here at Advantage Ambulance when I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe Advantage Ambulance activities will be terminated.

Signature

Date: ____ / ____ / ____

Print Name

Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Witness Statement

I certify that this General Release of All Claims and Ride-along Confidentiality & Non-Disclosure Agreement was signed in my presence and that the person who signed it told me he/she has read and that he/she fully understands the meaning and consequences of signing this Release.

Signature

Date: ____ / ____ / ____

Print Name

Address: Advantage Ambulance, Inc.
3142 E. Plaza BLVD. Ste. P
National City, CA 91950