



Ambulance Observer Application

Full Name: _____

Address: _____

Telephone: _____

Emergency Contact: _____

Emergency Contact Telephone: _____

Reason For Ride Along:_____

To the best of my knowledge I am free of disease and not suffering from any contagious or infectious disease. I have received, reviewed and understand the federal regulations and fact sheet regarding exposure to blood borne pathogens.

In consideration of the permission granted by EMStar to ride on an emergency vehicle and observe the operations of a EMStar crew, I, by my signature below, agree to hold harmless and release EMStar from liability for all claims now and forever by me, my heirs or assigns for illness or death or damage to property as a result of participation as an observer riding on EMStar emergency vehicle observing the EMStar crew operations.

I hereby acknowledge that I am voluntarily assuming any and all risk that may be inherent in this undertaking.

Signature of Observer _____

Date _____

Witness

Date _____

Authorized Unit and Observation Dates

Unit

Date _____

[illegible]