



Release and Waiver of Liability, Assumption of Risk & Idemnity Agreement

Ryan Brothers Ambulance Service, Inc., ("Ryan Brothers") is permitting individuals who sign this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT ("Agreement") to ride along with Ryan Brothers on certain ambulance calls (the "Ride Along Program").

I desire to participate in the Ride Along Program with Ryan Brothers. I certify that I will only observe during the Ride Along and will not provide any patient care.

I understand that there are risks involved in accompanying the ambulance crew.

I agree to follow, at all times, the instructions of Ryan Brothers employees and all other authority figures I may come in contact with during the Ride Along.

In consideration of being permitted to participate in the Ride Along Program, the undersigned, for him/herself, his/her personal representatives, heirs, and next of kin, agrees to the following:

1. I affirm that I am an adult of at least 18 years of age.
2. I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE RYAN BROTHERS, their directors, officers, agents, employees and volunteers, all for the purposes of this Agreement referred to as "Releasees", FROM ALL LIABILITY, TO MYSELF, my personal representatives, assigns, heirs or next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO MYSELF OR MY PROPERTY OR RESULTING IN MY DEATH ARISING OUT OF OR RELATED TO THE RIDE ALONG PROGRAM, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE (other than if caused by their reckless or willful misconduct).
3. I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS Releasees FROM ANY LOSS, LIABILITY, DAMAGE, OR COST Releasees may incur arising out of or related to the RIDE ALONG PROGRAM WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
4. I ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the RIDE ALONG PROGRAM whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. I acknowledge that the Ride Along Program and related activities have risks of serious personal injury and/or death and/or property damage. I know that those risks are, in part, determined by my own health, conditioning and abilities, road conditions, the weather and natural and man-made hazard, other motorists, combative patients, high risk environments, etc. I agree that I am responsible for evaluating the risks and that I am responsible for my own safety while traveling to, participating in, and observing the Ride Along Program.
6. I agree that this Agreement extends to all acts of negligence by the Releasees and is intended to be as broad and inclusive as is permitted under the laws of the state(s) in which the Ride Along Program is conducted and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name: _____

Signature: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Age: _____ Date: / /

