

**SOUTH WHIDBEY FIRE/EMS**

**General Release and Waiver of Liability  
and Confidentiality Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant), acknowledge that I have voluntarily applied to participate in a ride-along, or give consent in the following activities with South Whidbey Fire/EMS.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Description of activities in which the Participant will engage)

* I am aware that these activities are hazardous activities and that I could be seriously injured.
* I am voluntarily participating in these activities with knowledge of the danger involved.
* I agree to assume any and all risks of bodily injury, death or property damage, whether those risks are known or unknown.

Ride-along participants shall adhere by the following rules:

* + Participant shall not be under the influence of drugs or alcohol.
  + Participant shall follow all legal and ethical orders from the officer in charge.
  + Participant shall wear black or dark blue slacks, black or dark blue shirt. Any jacket or sweater shall be black or dark blue. Clothing shall have no graphics or words (other than a small logo or manufacturer tags). Closed toed black or dark shoes shall be worn.

As consideration for being permitted to participate in these activities, I further state and reiterate and agree that neither South Whidbey Fire/EMS, nor any member of South Whidbey Fire/EMS, or their sureties, shall be responsible or liable for any injury, damage, loss or expense, either to me or my property, which may be incurred during the activity or while accompanying any member or employee of South Whidbey Fire/EMS during the performance of their official duties, or resulting from any negligent act or omission on the part of any member of South Whidbey Fire/EMS and I hereby release South Whidbey Fire/EMS its Commissioners, agents, officers, employees and volunteers of and from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage or injury, including death, that I or my property may sustain while in or on the premises of the District or in any emergency vehicles owned or operated by the District during the activities.

I further agree to follow and comply with the confidentiality and security policies of South Whidbey Fire/EMS and state and Federal Law. I agree not to divulge, disclose, publish, or otherwise make known to unauthorized persons, or to the public, any confidential health information relating to any employee or patient of the District that I may become aware of while participating in this activity. I understand that unauthorized disclosure of health information may be a violation of the Washington State Health Care Information Act and the federal Health Insurance Portability and Accountability Act and I understand that action to impose civil or criminal penalties against me may be taken by a prosecuting attorney or another party with standing if I am suspected of being responsible for a breach of confidentiality, or unauthorized disclosure of health information.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will, being my intention to hold and save South Whidbey Fire/EMS harmless from any and all liability whatever which might be incurred in consideration of it granting me the privilege of gaining experience and knowledge in my capacity.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant)

Dated at South Whidbey Fire/EMS, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

If I am signing this liability waiver, release and confidentiality agreement on behalf of a minor (less than 18 years of age)(the “child”): I represent that I am the parent and/or legal guardian of such child; I accept responsibility for all the child’s medical expenses incurred in connection with participation in the program; I agree to indemnify the released parties for any and all claims whatsoever brought by the child; and I agree to indemnify the released parties for any and all claims whatsoever brought by a third party arising out of the child’s conduct.

Dated:

Parent or Legal Guardian

(Revised 10/2023)