

Southern Berkshire Volunteer Ambulance Squad, Inc. Observer Waiver  
Agreement, Release, and Assumption of Risk

I, \_\_\_\_\_, hereby acknowledge that I have requested permission to accompany personnel of the Southern Berkshire Volunteer Ambulance Squad, Inc. (hereinafter, "SBVAS") I further acknowledge that I am not accompanying the personnel for the purpose of performing any services for the benefit of SBVAS and, as such, I am not functioning in any agency or employment relationship as relates to SBVAS.

I understand that serious accidents could occur in the operation of an ambulance, especially under emergency circumstances. I am aware that the operation of an ambulance and the performance of emergency services involve certain inherent risks, and that by choosing to accompany the team I am assigned to, I voluntarily choose to encounter such risks. With full knowledge of the risks, I hereby agree to personally assume all risks in any way connected with my accompanying SBVAS personnel and with any activities incident thereto.

I further hereby agree to personally assume all risks attendant to entry onto the premises of SBVAS including, without limitation, any risk of personal injury, death or property damage, whether caused by negligence or otherwise.

In consideration of my being allowed to accompany the personnel in the ambulance and to thereby enhance my knowledge of and ability to deal with medical emergencies, I, the undersigned, give up, release and waive all claims and rights that I may have against SBVAS and its predecessors, successors, assigns, parents, agents, servants, employees, and any persons or entities engaged to perform independent contractor services on its behalf from any and all action and actions, cause and causes of actions, claims, demands, damages, losses, liabilities, costs or obligations whatsoever, whether known or unknown, foreseen or unforeseen, which I now have or which may in the future accrue or be acquired on account of, resulting from, arising out of, or be in any way connected with my accompanying the SBVAS personnel and from any activities incident thereto, whether caused by negligence or otherwise.

As a condition of my being permitted to accompany the SBVAS personnel, I hereby agree to hold in confidence and not to disclose, except as required by law, any patient information or records to which I have access on account of my being permitted to accompany an emergency team.

I have read this document and fully understand its contents and effects. I have signed it of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of receiving SBVAS member: \_\_\_\_\_

Signature of witness: \_\_\_\_\_