



Emergency Medical
Training Services

**Health
and/or
Hospitalization Insurance Status**

Students who currently hold health and/or hospitalization insurance must provide a copy and/or proof.

*If coverage changes or ceases during program it is the responsibility of the student to inform the program director immediately.

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Students who currently do not hold health and/or hospitalization insurance must complete the waiver.

RELEASE OF LIABILITY /INDEMNIFICATION FOR HEALTH/HOSPITALIZATION AGREEMENT

I, _____ acknowledge that I currently do not hold health and/or hospitalization insurance. I, the undersigned, hereby knowingly and voluntarily waive, release, and discharge the program and its officers, employees, and agents (hereafter collectively “program”) from any and all claims for damages for personal injury, including death, and damages to property. This release is intended by me to discharge in advance the program from and against any and all liability arising out of or connected in any way with my enrollment in the EMS Program.

I understand that as part of my participation in the EMS Program, I may perform, participate in, or observe a variety of activities or events, which can be dangerous. I further understand that in response to emergencies and rendering emergency life saving measures serious accidents can occur. I acknowledge that individuals engaged in or performing life-saving activities and functions occasionally sustain personal injuries, such as, but not limited to, lacerations, sprains, and possible exposure to and contraction of the AIDS virus and/or other communicable diseases.

Knowing and understanding the risks involved in the EMS Program, nevertheless, I hereby agree to assume any and all risk of injury and further agree to indemnify and hold harmless the program, its officers, employees and agents from and against any and all judgments, claims, damages, of, connected with, or resulting from my enrollment in and participating in the EMS Program.

I acknowledge that I have read this document and that I am relying wholly upon my own judgment, belief and knowledge of the risks of injury to myself by enrollment in and participation in the EMS Program.

Dated this the _____ day of _____, 20 ____.

_____ Printed Name _____ Signature

_____ Print Witness Name _____ Witness Signature