



Name of Applicant (print)

Home Phone

Agency/Program Affiliation: (Mark one)

- Fire Dept. EMS Training Program Job Shadow Citizen Other

Agency/Program Name

Agency Phone

Contact Person

Contact Signature

Clark County Fire & Rescue Authorizing Signature

Title

Date

Liability Release

I hereby acknowledge that I am voluntarily participating in activities and programs arranged by Clark County Fire & Rescue, to include, but are not limited to, riding time (time spent with CCF&R employees in observation and/or internship) and course instruction. I am aware that certain risks and dangers are associated with these activities and programs. These risks and dangers include, but are not limited to, travel by automobile, travel in mountainous terrain, accident, injury, illness, exposure to possible infectious disease, psychological stress, and physical attack by patients.

As lawful consideration for being permitted to participate in activities and programs, I hereby agree to accept any and all risks and dangers associated with these activities and programs. I hereby release and discharge CCF&R, its staff, and instructors of any liability whatsoever related to any loss or damage of property or personal damage resulting from any activity or program. I release and discharge CCF&R from all actions, claims, or demands I, my heirs, legal representatives, and executors now have or may hereafter have for injury or damage resulting from my participation in these activities and programs.

I acknowledge that I am adequately informed of the risks of infectious disease transmission and the precautionary standards of body substance isolation related to infectious disease transmission.

I acknowledge that I am adequately informed of the risks and benefits of hepatitis B immunization and I have (complete the sentence by marking one of the options below)

- Started the immunization series completed the tests have signed a refusal to participate in the series

I acknowledge that I have tested negative for tuberculosis within the last 12 months.

I acknowledge that I have an absolute duty to maintain patient confidentiality and will record and maintain no record of patient contact that could be used in the future to specifically identify any patients that I might encounter. Nor will I communicate to any individual outside of those directly responsible for the patient's care any specifics in relation to patient identity.

I have carefully read this statement and fully understand and accept its contents. I am aware this is a release of liability and a contract between me and Clark County Fire & Rescue.

Rider Signature (or Authorized Guardian)

Date

State of County of

I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknowledges that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this day of ,

(Notary Signature)

Notary Public in and for the state of

My appointment expires

Parent or guardian must sign if rider is under eighteen (18) years of age.

Form requires notarization. Retain a copy of the notarized form to show the crew when you ride.