Disclaimer and Electronic Signature Consent

1. Electronic Signing and Initialing

By typing your name, initials, or other requested identifying information into this webform, you consent to the creation of an electronic signature that will be affixed to the documents below. These electronically placed signatures and initials are legally binding and carry the same weight as handwritten signatures.

2. Form Generation and Transmission

Once you submit this webform, your provided information will automatically populate the necessary fields (including signature and initial sections) in the PDF version of the documents below. A copy will be sent to you and EMS University administrative personnel.

3. Legally Binding Agreement

By agreeing to this webform, you acknowledge and accept each term, condition, and stipulation contained in the documents below. Your electronic signature confirms your intention to be legally bound by all provisions.

4. Accuracy and Responsibility

You affirm that all personal and enrollment-related information you submit is truthful and accurate to the best of your knowledge. You acknowledge that any misrepresentation may result in consequences.

5. Right to Obtain a Paper Copy

You are entitled to request a paper copy of the documents below at any time. Contact EMS University to arrange an alternative signing process.

6. Acknowledgment and Acceptance

By selecting “I Agree” and submitting this webform, you confirm that you have reviewed and understand the documents below and that your electronic signature is placed knowingly and voluntarily.

If you do not agree to these terms, please exit this webform immediately and contact EMS University, LLC to request a paper copy or discuss an alternative signing process.

I consent to the use of electronic records and signatures. By checking the box below or otherwise indicating my acceptance, I understand that my electronic signature is legally binding just as if I had signed on paper.

Ride-Along Release Form

Hello,

We appreciate your interest in participating in a ride-along with Falck Alameda County EMS Services. We are pleased to offer you this opportunity and anticipate that it will provide you with valuable insights into the daily operations of our EMS teams.

Please keep in mind that our primary mission is to provide care and assistance to individuals during their moments of need. When accompanying our crews in the field, we kindly request that you prioritize safety and adhere to the guidance and instructions provided by our experienced field crew members.

To facilitate your participation, we request the following actions:

- Completion of the Ride-Along Release Form: Please thoroughly review, complete, and sign the Ride-Along Release Form, which contains important information, including liability waivers and ride-along guidelines.
- Submission of Necessary Supplementary Information: If any additional documents or information are required for your participation, please ensure their timely submission following the provided instructions.
    - Submission Deadline: To ensure adequate preparation and organization, submit the **Ride-Along Release Form and your Driver's License copy** at least three business days before your chosen ride-along date for proper preparation and organization.
    - Please email the completed form and any additional questions to:
        - ALCO_CES@falck.com

Ride-Along Guidelines

Please adhere to the following guidelines concerning personal comportment, appearance, and uniform policies during your time with us:

Arrival Time: It is expected that you arrive at the station a minimum of 15 minutes before the scheduled start time of your shift.

Appearance: You are required to present yourself in a manner that reflects neatness, cleanliness, and professionalism.

Hair: Ensure your hair is clean and well-groomed. If you have long hair, it must be secured and pulled back.

Facial Hair: Any facial hair must be maintained in a neatly trimmed and groomed fashion.

Body Piercings: All visible body piercings are to be either removed or adequately covered.

Attire:

Pants: Navy blue or black pants are mandatory. Jeans, shorts, or sweatpants are not permissible.

Shirts: Shirts must have collars and be of a navy blue, black, or white color. Avoid shirts with slogans or logos.

Hospital-Based System Participants: Those arriving from a hospital-based system may wear blue, black, or white scrubs, provided that a photo ID badge is visibly worn.

Outerwear: Depending on the weather, you may choose to wear a navy blue or dark-colored jacket. These should not display logos or slogans, and hooded sweatshirts are not to be worn.

Footwear: Dark-colored, closed-toe shoes are obligatory. Open-toed shoes, sandals, clogs, crocs, or backless footwear are strictly prohibited.

Please be aware that we retain the right to refuse or restrict access to the ambulance at our discretion. Your adherence to these guidelines is greatly appreciated.

I comprehend and affirm that adherence to the aforementioned guidelines is imperative for participation in my ride-along. I am fully aware that failure to comply with these guidelines upon arrival will result in my exclusion from the ride-along. Moreover, I acknowledge that punctuality is of the essence, and any tardiness for the shift will preclude me from completing the ride-along.

Initial: _____

I hereby affirm and acknowledge that I have willingly submitted a request for the privilege of participating as a guest observer with Falck. I voluntarily express my desire to encounter the inherent risks associated with ambulance transport and healthcare activities. I knowingly accept the responsibility for any potential injuries and explicitly absolve Falck from any liability in this regard. I recognize that I have entered into this agreement of my own volition, without any form of coercion or undue influence, and solely in consideration of the educational insights to be gained from observing the actions of Falck employees.

Initial:_____

I hereby formally recognize the potential existence of inherent risks associated with my participation in ride-alongs and accompanying clinical crews. I am fully aware that the operations and functions of the ambulance service can, on occasion, entail certain dangers, encompassing the possibility of personal injury, damage, financial implications, or loss to both individuals and property. Consequently, I explicitly absolve the officers, agents, and all other personnel associated with Falck from any responsibility or liability in this matter.

Initial:_____

It is additionally comprehended that, in no event, shall the officers, agents, or personnel of Falck, incur any liability or assume responsibility towards the undersigned, their estate, heirs, beneficiaries, or successors, for any injuries sustained by the undersigned, or any damage to their personal or real property, during the course of their participation in ride-alongs with Falck personnel, while engaging in authorized medical and other care activities, as delineated within the confines of this ride-along agreement.

Initial:_____

Consequently, upon the execution of this agreement, Falck shall extend the privilege of riding in a Falck vehicle alongside Falck's clinical crews. I hereby acknowledge that by signing this agreement, I absolve Falck of any liability pertaining to physical injuries, property damage, or loss of life, resulting from my own negligence, the negligence of any third party, or even an employee of Falck.

Initial:_____

I acknowledge that, in order to be scheduled for my ride-along with Falck, I am obligated to furnish the following items. Failure to do so may result in a scheduling constraint: a copy of my California License (both front and back), as well as any applicable medical licensure documents.

Initial:_____

Required Personal Information

Name: _____ Date: _____

Signature: _____

Parent/Guardian Name (if under 18 years of age): _____

Parent/ Guardian Signature: _____

Phone Number: _____

Email Address: _____

Residence Address: _____

Reason for Ride-Along:

❑ Career Exploration

❑ EMT Student/Paramedic Student

School Name: _____

❑ Healthcare Professional

Profession/Employer: _____

❑ Other

Reason for Interest: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____

Email Address: _____

Ride-Along Request Information

Requested Dates for Ride-Along (please provide five):

_____

Preferred Station: ❑ Hayward ❑Livermore ❑Oakland

Day or Night Shifts: ❑AM ❑PM

Assumption Of Risk, Waiver, Release & Indemnification Agreement

Falck Northern California Corp. (hereinafter referred to as Falck) provides medical transportation and/or emergency response services and activities related thereto (hereinafter referred to as "Response Services"). I, _____, **[Print Name of Participant]** living at _____ **[Insert Full Address]**, desire to participate in, observe, and/or otherwise take part in Response Services. I acknowledge that my participation in the response services is strictly as an observer, and I further acknowledge that I will neither be permitted to nor will I render any patient care.

In consideration of Falck's consent to allow me to participate in its inherently dangerous and risky activity of Response Services, I hereby knowingly, freely, and voluntarily agree as follows:

Representations: I represent to Falck that I am legally competent and age eighteen (16) or older and my driver's license number is _____, for the State of California which states my birth date of birth as _____ or a copy of my passport or other valid form of identification is attached. I acknowledge that I am not an employee or agent of Falck. I represent that I do not have a medical physical condition or infectious disease which could be triggered by participating in Response Services. I understand that if I received a smallpox vaccination that I may be contagious for up to four (4) weeks after my inoculation and I specifically represent that I have not had the small pox vaccination or it has been at least four (4) weeks from my inoculation. _____ **INITIALS**

Disclaimer of Warranty: I understand that each situation that Falck responds to is based on incomplete and limited information provided often under extreme and emergency conditions and which may or may not be ultimately accurate. Moreover, I understand that each situation will contain unforeseen and unknown hazards, dangers and risks to me and to Falck. Falck's Response Services are based upon whatever current information is available at the time of the Response Services are provided so I expressly understand and agree that Falck makes no representation or warranty, expressed or implied, written or oral, regarding Response Services to me and to what I may or may not be exposed. _____ **INITIALS**

Assumption of Risk: I voluntarily and freely assume all risks in connection with the Response Services, with full understanding that I may be exposing myself to extreme danger, emotional trauma and other risks. I acknowledge that participating in Response Services may result in, but is not limited to bodily injury, death, emotional trauma, burns, extreme noise, extreme lights and or exposure to hazards and/or diseases like airborne or bloodborne pathogens, bacteria or other harmful transmissions to me. Exposure to an airborne or bloodborne pathogen may result in the transmission of AIDS, hepatitis, TB or other infectious diseases. _____ **INITIALS**

Endangerment: I agree to follow all instructions, procedures, measures and directions given by Falck and understand my failure to do so may result in property damage or injury or death to me or to a third party. I understand that my participation in response services may be terminated at any time for any reason by Falck. _____ **INITIALS**

Insurance: I understand that I am completely responsible for all insurance coverage that I may wish to purchase to cover my participation in the Response Services.

Confidentiality of Protected Health Information: During my participation in Response Services, I acknowledge that I may be exposed to confidential information and/or Protected Health Information (for example, patient identity, care and/or treatment information) as defined under HIPAA (referenced below). I acknowledge that Falck and the activities involved in Response Services are subject to broad, extensive and comprehensive privacy and confidentiality laws and regulations protecting patient care information. I understand that I am legally obligated and personally responsible for holding this information confidentially and not disclosing it to anyone unless such disclosure is permitted under the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act of 2009, and any current and future rules and regulations promulgated thereunder, including without limitation, the federal privacy regulations as contained in 45 C.F.R. Parts 160 and 164, the federal security regulations as contained in 45 C.F.R. Parts 160, 162 and 164, and other federal or state privacy laws. _____ **INITIALS**

Information regarding a patient is strictly confidential, its disclosure to anyone not specifically permitted is strictly prohibited by law. I specifically agree to: *review Falck's HIPAA Policies prior to my participation* in the Response Services; *not to take, copy or disclose to the media or anyone* any information I receive, observe, view and/or otherwise have access to arising out of, in any manner whatsoever, may participation in Response Services, unless required by law and you have provided notice to Falck of the request prior to disclosure; adhere to HIPAA and other federal and state privacy laws and regulations; keep all Protected Health Information as defined by HIPAA confidential; and not to disclose any Protected Health Information and/or other confidential information unless so permitted under applicable law. _____ ***INITIALS***

Compliance with Applicable Law: I agree to comply with all Applicable Law during my participation. "Applicable Law" shall include all federal, state and local laws, statutes, regulations, codes, ordinances, rules and/or Executive Orders, as amended.

Waiver, Indemnity & Release: I hereby waive, release and discharge Falck, its parent, subsidiaries and affiliates, and its and their respective officers, directors, stockholders, employees, agents, representatives, insurers, successors an assigns, of and from any cost, expense, claim, demand, right or cause of action, or any kind or nature whatsoever, whether based on tort, contract, warranty, or other theory of recovery, at law or in equity, vested or contingent, that I or my spouse, family, parents, children, estate, heirs, agents, insurers, successors or assigns may at any time have as a result of the Response Services for Falck. In addition, I hereby agree to save, hold, defend and indemnify Falck, its parent, subsidiaries, and affiliates, and its and their respective officers, directors, stockholders, employees, agents, representatives, insurers, successors an assigns, of and from any cost, expense, claim, demand, right or cause of action, or any kind or nature whatsoever, whether based on tort, contract, warranty, or other theory of recovery, at law or in equity, vested or contingent, that may result, directly or indirectly, from my action or inaction, including my participation in Falck Response Services. _____ **INITIALS**

I understand that this waiver, release and indemnity is intended to waive, release, discharge and indemnify in advance Falck, its parent, subsidiaries and affiliates, and its and their respective officers, directors, stockholders, employees, insurers, agents, representatives, successors and assigns, for, from and against any and all liability to me arising from the response services Falck is involved in. This includes, without limitation, any liability (including consequential, indirect, special or incidental

damages) arising from injury or damage that i suffer or cause during the response services including, without limitation, death, injury, emotional trauma, burns, illness, disability, extreme lights, extreme noise or other damage to my person and/or property or third party, and all risks connected thereto, whether foreseen or unforeseen, resulting from negligence or otherwise. _____ **INITIALS**

I agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of California. If any provision of this Waiver and Release shall be ineffective or invalid, such provision shall be ineffective or invalid only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this Waiver and Release, which shall remain in full force and effect. _____ **INITIALS**

Duty to Inform. So long as I participate in Response Services, in the event any representation or obligation of mine in this Agreement is no longer accurate, or true, I agree to inform Falck immediately in writing of such occurrence. I realize that Falck is relying upon my representations and agreements made in this Agreement and that my failure to adhere to this Agreement could seriously injure someone, cause their death or damage property. _____ **INITIALS**

I HAVE READ THIS AGREEMENT AND THE WAIVER, RELEASE AND INDEMNITY BEFORE SIGNING IT, AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.

By (signature): _____

Printed Name: _____

Date: _____

Parent/Guardian Name (if under 18): _____

Parent/Guardian Signature: _____

AGREED AND ACCEPTED

Falck Northern California Corp.

By (signature): _____

Printed Name: _____

Date: _____