

APPENDIX

Peoria Area EMS System
AGREEMENT & WAIVER –
WAIVER OF LIABILITY AND ASSUMPTION OF RISK
EMT BASIC, INTERMEDIATE & PARAMEDIC INTERNSHIP

The undersigned, being over eighteen (18) years of age, for and in consideration of being given the opportunity to spend clinical time at OSF Saint Francis Medical Center, or designated clinical site, or with a *Peoria Area EMS System* prehospital provider; and in recognition of the possible dangers to which I may voluntarily subject myself, and knowingly acknowledging that I am aware of said dangers such as exposure to various disease and uncontrolled environments, I hereby knowingly freely and voluntarily assume any and all risks pertaining to the above mentioned and further I hereby knowingly, freely and voluntarily waive and release any right or cause of action of any kind whatsoever, arising as a result of clinical activities which I have participated in. I further assume any and all risks and waive and release any and all causes of action or rights which might occur to me due to my participation in clinical experiences.

In witness whereof, the undersigned acknowledges that he/she has read the above, has had an opportunity to have asked and answered questions, and understands its meaning and has affixed his/her signature at Peoria, Illinois, this _____ day of _____, 20_____.

Student Name (print) _____

Student Signature _____

In the presence of:

Program Coordinator/Instructor (print) _____

Program Coordinator/Instructor Signature _____

Instructions: *Student should sign and return to Course Instructor by the start of the second class. Course Instructor will sign and file with course records.*