



Release of Liability

I, _____ (*participant*), residing at _____, for and in consideration of being permitted to participate as (*an observer of emergency medical operations; an emergency room physician performing residency training; or a field intern undergoing training*), with the Department of Emergency Medical Services of the Town of Colonie (hereafter Colonie EMS), for myself and for my personal representatives, assigns, heirs and next of kin, do hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, death, or property damage occurring to me as a result of participating in (*observation; residency training; or field training*) or in any activities incidental to such activity, wherever or however any such personal injury, death, or property damage may occur, whether caused by the negligence or otherwise of Colonie EMS, for the period during which this participation may continue.

I _____, do hereby assume full responsibility for any risk of bodily injury, death or property damage, due to the negligence or otherwise of Colonie EMS, or of the Town of Colonie, its agents, employees, or representatives, while participating in (*observation; residency training; or field training*) at any location wheresoever.

I, _____, do for myself and for my personal representatives, assigns, heirs and next of kin, hereby release, waive, discharge and relinquish any actions or causes of action that may arise from participating in (*observation; residency training; or field training*) and agree that under no circumstances will I, or my heirs, executors, administrators, or assigns, prosecute or present any claim for personal injury, death, or property damage against Colonie EMS or the Town of Colonie, its agents, employees or representatives arising from participating in (*observation; residency training; or field training*) whether such personal injury, death, or property damage be caused by the negligence of Colonie EMS or otherwise.

I, _____, do hereby acknowledge that I have read this release and understand the real and potential risks associated with acting as an observer or trainee. These risks include, but are not limited to injury and death which may result from, and is not limited to any of the following: infectious disease exposure, slips, falls, vehicular accidents, assaults, violence, drowning, electrocution, hazardous materials exposure, lifting and moving people/objects. I also am fully aware of the legal consequences of signing this release.

Observer Dates _____

In Witness Whereof, I have set my hand and seal the ____ day of _____ in the year _____

Witness (Title where appropriate)

(Please print name here)

Participant

(Please print name here)

I, parent or legal guardian of _____, consent and grant my permission to all of the above.

Dated _____

Parent or legal guardian