

# Hampton Lakes Emergency Squad

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4 Holly Blvd, Southampton NJ 08088  
Building: (609)-859-1482

Supervisor: (888)-240-1780



## Observer Waiver of Liability

I, \_\_\_\_\_, wish to participate as an “Observer” with Hampton Lakes Emergency Squad. I understand the primary purpose of this Observer experience is educational and that I will observe the care of injured and ill patients during transport.

As an Observer, I agree to adhere to the following Hampton Lakes Emergency Squad policies and procedures:

- 1.) Observer must be sixteen (16) years of age (Under 18 requires parental consent) or older and have an interest in healthcare, healthcare careers, or the medical transportation industry.
- 2.) Observer shall not direct nor participate in the direct care of a patient under the care of Hampton Lakes Emergency Squad personnel.
- 3.) Observer shall be responsible for reporting to the Hampton Lakes Emergency Squad senior EMT of the assigned shift and shall follow the directions of person at all times. Observers who fail to follow these directions will be asked to leave immediately.
- 4.) Observer shall follow applicable safety procedures, including wearing a seatbelt when in a Hampton Lakes Emergency Squad vehicle, refraining from smoking in a Hampton Lakes Emergency Squad vehicle, wearing the appropriate personal protective equipment (gloves, masks, eye protection, gowns) when operating near patients, and any other procedure which may be requested by Hampton Lakes Emergency Squad personnel during the Observer experience.
- 5.) Observer shall have a neat and clean physical appearance during the Observer experience. Observers are required to wear pants, a collared shirt, and sturdy shoes or work boots during the Observer experience.
- 6.) Observer shall maintain strict patient confidentiality at all times. Observer is prohibited from disclosing any patient information obtained through activities with Hampton Lakes Emergency Squad regardless of the form of such information or the manner in which it is communicated. Observer shall be personally liable if he or she inappropriately discloses patient information.
- 7.) Observer may be responsible for any medical expenses incurred as a result of an injury or illness sustained while participating in the Observer experience.
- 8.) Hampton Lakes Emergency Squad personnel reserve the right to postpone, cancel, and revoke Observer privileges at any time.

Observer Initials: \_\_\_\_\_  
*If under 18, parental initials required*

Management Initials: \_\_\_\_\_

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I have been advised of and understand the risks and dangers associated with participation in this Observer experience. Nonetheless, I assume the inherent risks by voluntarily participating as an observer, including, but not limited to accidents involving the ambulance, negligent or intentional tortuous acts by third parties, exposure to communicable diseases, and various accidents during the provision of medical treatment.

In consideration of Hampton Lakes Emergency Squad offering this opportunity and allowing me to participate in this activity, I hereby release, relieve, discharge and hold harmless Hampton Lakes Emergency Squad and their officers, trustees, employees, and representatives from any and all liability or claim of liability, whether for personal injury, property damage, or otherwise, arising from or in connection with my participation in this activity or any travel associated with this Observer experience.

\_\_\_\_\_  
Signature of Observer

\_\_\_\_\_  
Date

PARENTAL CONSENT  
REQUIRED FOR ANYONE UNDER THE AGE OF 18

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Management Approval

\_\_\_\_\_  
Date