

**Iredell County Emergency Medical Services  
Rider/Observer Waiver Form**

I, \_\_\_\_\_, desire to observe Emergency Medical Services (EMS) field operations and personnel and ride in vehicles operated by employees of Iredell County EMS. I wish to be classified in one of the following categories for the purpose of the Rider/Observer Program:

- private citizen
- member of the media
- public safety personnel (law, fire or EMS/rescue)
- EMS student/field intern
- Other (please list) \_\_\_\_\_

I understand that observing and riding with EMS personnel may expose me to the risk of injury to myself and to my property as a result of accident, collision, upset, or other casualty to, with, or by the EMS vehicle in which I may be riding, or as a result of occurrences and events at the locations where the EMS vehicles are situated. I am willing to assume these risks, and any other risks not specifically hereinabove listed that are in any way related to my observation and training with EMS personnel.

In consideration of Iredell County EMS providing me the opportunity to observe and train by riding, working alongside, and observing EMS personnel, I do hereby waive, release, and relinquish all future claims and future causes of action of every kind that I, or my heirs, executors, administrators, and assigns may have against Iredell County EMS or any agents, servants, employees of Iredell County EMS as a result of my contact with EMS operations or personnel. I waive, release, and relinquish all future claims and all future causes of action, as hereinabove stated, including those for personal injury, loss of life, and loss of services arising out of injury which may be received by me under the circumstances set forth above.

I represent that I am 18 years of age or older and no representations, understandings, or agreements have been made or relied upon in the making of this agreement other than those specifically set forth herein.

I covenant that I will not assert any claim or sue Iredell County EMS or its agents, servants, or employees, either directly or indirectly, for injuries or damages that may arise out of matters and events specified above, and stipulate that this agreement may be pleaded in bar to any action by me or my heirs, executors, administrators, and assigns this \_\_\_\_\_ day of \_\_\_\_\_, 2000.

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

\_\_\_\_\_  
Printed Name of Rider Observer

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

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

Return to EMS Administration when complete.