

**Harford County, Maryland Department of Emergency Services
Ride Along Release, Waiver of Liability,
And Indemnification Agreement**

***This is a legal Document – Do not sign unless you fully understand the terms and conditions contained herein,**

I, _____, am competent adult of at least eighteen (18) years of age. I am a voluntary participant, who wishes to participate in the Harford County's Department of Emergency ("DES") Services Ride-Along Program (the "Program"). This Program provides an opportunity to ride in a Harford County medic unit and observe the provisions of Emergency Medical Services ("EMS") in the field. At no time during the Program shall I be permitted to operate the medic unit or perform medical services. In consideration for being allowed to participate in the Program, I hereby, on behalf of myself, and all my respective heirs, estate, successors, family, personal representatives and assigns, affirm and agree to the following:

I understand and hereby acknowledge the existence of and assume full responsibility for the dangers and risks associated with my participation in the Program, to include but not limited to the exposure to and becoming affected with communicable and fatal infectious diseases, auto accidents, negligent or intentional tortious acts by third persons, and various other potential accidents during the provision of the Program. I know that these activities may be hazardous, I am participating in the Program voluntarily, and I assume all risks from participating in these activities, including injury to body, death, injury to my property, or other injuries that may occur as a result of my participation, whether foreseen or unforeseen. I further assume full responsibility for any and all property damage or bodily injury that results directly or indirectly from my acts or omissions.

I understand and agree to follow any directions, orders, advice, or information given during the program by DES with regard to the conduct of the Program. I understand and agree that my participation in the Program does not establish an employment or joint venture relationship between myself and the Harford County, Maryland, (the "County") and I am not entitled to employment benefits of any kind including but not limited to workers' compensation.

I agree to indemnify, save, defend, and hold harmless the County, Maryland from any claims or liabilities of third persons resulting from any direct or indirect act or omission by me in connection with my participation in the Program.

As consideration for DES permitting me to participate in the Program, I forever release the County, Maryland, its affiliated organizations, directors, officers, elected officials, volunteers, agents, contractors, and representatives from any and all actions, claims, demands, damages, causes of action or suits, at law and in equity, that I, my executors, assignees, administrators, heirs, or personal representatives may have, or may have in the future, for injury, death, or property damage, as a result of, or arising out of or in connection with, my participation in the

Program, acts and omissions from the County, and the acts and omissions of other participants or non-participants in the Program.

I HEREBY CERTIFY AND ACKNOWLEDGE THAT I HAVE THOROUGHLY READ AND FULLY UNDERSTAND THIS ACKNOWLEDGEMENT, RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT.

Participant's Signature
NAME (in print):

Date

Participant's Organization

Confidentiality and Protection of Protected Personal Health Information Agreement

By participating in the Harford County Department of Emergency Services (“DES”) Ride-Along Program (the “Program”), the undersigned acknowledges that they may have access to protected health information regarding patients receiving medical services from DES. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) as well the Maryland Confidentiality of Medical Records Act, protects the confidentiality of health information for individuals served by DES through its provision of emergency medical services. Such information includes but is not limited to healthcare treatment, billing and payment, and health care operational purposes.

As a participant in the Program, the undersigned is obligated to comply with HIPAA requirements and the Maryland Confidentiality of Medical Records Act. As such, the undersigned is specifically prohibited from discussing information regarding patients, their treatment, and any other information that could be utilized to identify these patients with anyone except DES personnel who will be conducting the Program. Such prohibition applies to information heard, seen, documented in writing, or in electronic format.

The undersigned understands that a violation of HIPAA and the Maryland Confidentiality of Medical Records Act may subject Harford County and undersigned to fines, penalties, and lawsuits, including potential criminal penalties.

The undersigned acknowledges that safeguarding protected health information is an integral part of the terms and conditions of participation in the Program.

Undersigned hereby agrees and is obligated to comply with all laws and regulations that protect the health and other personally identifiable information disclosed in participation of the program.

Participant’s Signature

NAME (in print):

Date

Participant’s Organization