

UMMS Maryland ExpressCare- Ambulance Observer Waiver & Release of Liability
Revised March 2025

Full Name: _____

Home Address: _____

Telephone Numbers: _____

Emergency Contact: _____ Phone # _____

In consideration of being permitted to participate in a ride along observation (hereinafter referred to as "Ride-Along") in a critical care/emergency vehicle, I agree to assume all risks associated with this activity, whether they are apparent to me or not. I acknowledge and understand that there are risks associated with this endeavor, including but not limited to risk of serious physical injury, damage to personal property, and death. I have also been given the opportunity to ask questions regarding the Ride-Along. I am voluntarily choosing to participate with no inducement to do so by any person or entity.

I understand and agree that as an observer, I must fully cooperate with the transport team or any medical and/or emergency personnel I encounter. I agree to abide by any and all safety guidelines or instructions from the transport team and understand that my failure to follow these guidelines or instructions may result in my removal from the Ride-Along. I will not interfere with the performance of the crew or others. I further agree not to take any video or photographs or to record any audio while in the observer/ride along program.

In consideration of the permission granted by Butler Medical & UMMS ExpressCare to ride in an emergency/critical care vehicle and observe the transport team, I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, and hold harmless UMMS ExpressCare, Butler Medical Transport, WLRC Medical, University of Maryland Medical Center, University of Maryland Medical System, Corporation and their affiliates, agents, servants, officers, directors, employees, successors, representatives, and assigns ("Releasees") from any and all claims, causes of action, or liabilities, including claims for injury, disability, death, or loss or damage to person or property associated with my presence at or participation in the Ride-Along, including the aggravation of any pre-existing conditions of mine that may exist, whether I am aware of them or not, and whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I further understand that the Releasees assume no liability or responsibility whatsoever for my actions or inactions while I am participating in the Ride-Along.

I further understand that while members of the transport team may be qualified medical personnel, such as physicians or emergency medical technicians, their involvement in Ride-Along does not create a provider/patient relationship, nor does it impose an obligation to provide medical care and treatment to me as part of the Ride-Along.

Permission for me to participate in this ride-along may be revoked at any time and/or for any reason at the discretion of the crew, supervisor or management.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE, AND FULLY UNDERSTAND AND ACCEPT ITS CONTENTS.

Signature of Observer

Date

Witness

Date

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CONFIDENTIALITY OF INFORMATION AGREEMENT FOR OBSERVERS/RIDERS

As an observer/rider with UMMS ExpressCare or other transport entity associated with the University of Maryland Medical System Corporation and/or its affiliates, (individually and collectively referred to as "the Medical System") I understand that I may be exposed to information during the program/event/association. Some of this information may concern patients being transported or treated by Medical System personnel, or it may concern the operation of the Medical System. I understand that patient information does not belong to me and that I am only permitted to access patient information to the extent that it is necessary during this program/event. I also understand that all medical and personal information regarding patients is confidential and should not be revealed or discussed with other patients, friends or relatives, or anyone else within or outside of the Medical System.

I also understand that other information regarding the operation of the Medical System is confidential. This confidential information concerns, but is not limited to, employees, financial operations, quality assurance, utilization review, risk management, research, contracting, procurement and credentialing of staff. I understand that I am only permitted access to this information to the extent necessary during this program/event. This information may not be discussed with others within or outside of the Medical System.

In the event that I am given any access to any other private, confidential, privileged or protected material, data or information of any nature, I will safeguard that information. I acknowledge that I am strictly prohibited from disclosing any private, confidential, privileged or protected material, data or information to anyone, including my family, friends, fellow workers, supervisors, and subordinates for any reason. I will immediately notify UMMS ExpressCare if any disclosure of prohibited information occurs.

I understand that failure to comply with this statement regarding the confidentiality of information may be cause for termination of the program and/or refusal of permission to continue participating in any ride or observation.

Signature

Date

Printed Name

Organization