



Peace Hills Emergency Medical Services

RIDE ALONG WAIVER

I, _____, acting as an observer will not hold Peace Hills Emergency Medical Services Ltd. or any person(s) associated with Peace Hills Emergency Medical Services Ltd. responsible for anything physically/ mentally, or medically that may happen to me while on an emergency call/transfer or with any associated functions or duties with Peace Hills Emergency Medical Services Ltd at any time.

All events, procedures, conversations, speculations heard or seen by myself shall remain strictly confidential and shall not be repeated in any form to anyone.

Dated at Peace Hills Emergency Medical Services Ltd; in the city of Wetaskiwin, in the province of Alberta

This _____ day of _____ 200__.

EMS Staff

Ride along Signature

Authorizing Signature