

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ (“Participant”), acknowledge that I have  
Voluntarily applied to participate in the following activities at EMS of Leflore County:  
\*Observation Ride\_\_\_\_\_ \*FF/EMR Ride:\_\_\_\_\_ \*Education Ride:\_\_\_\_\_  
\*Other (explain):\_\_\_\_\_--  
*(Description of activities, which Participant will engage in)*

**I AM AWARE THAT THESE ACTIVITIES ARE POTENTIALLY HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE POTENTIAL DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.**

**I verify this statement by placing my initials here:**\_\_\_\_\_

**Parent or Guardian’s initials (if under 18):**\_\_\_\_\_

As consideration for being permitted by EMS of Leflore County, to participate in these activities,

**I forever release EMS of Leflore County and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.**

I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND EMS OF LEFLORE COUNTY, AND I SIGN IT OF MY OWN FREE WILL.**

**If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.**

Executed at , \_\_\_\_\_(City and State) on (Date):\_\_\_/\_\_\_/\_\_\_

**PARTICIPANT/RELEASOR PARENT OR GUARDIAN**

\_\_\_\_\_

Participant Name:\_\_\_\_\_ Signature :\_\_\_\_\_

Parent/Guardian  
Name:\_\_\_\_\_ Signature:\_\_\_\_\_

Address:\_\_\_\_\_ Address:\_\_\_\_\_

**IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM.**

**Approving name and signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_