WESTMED/McCORMICK Ambulance is pleased to be able to offer you the opportunity to ride-along as a third person. We hope you will have a great learning experience. We do ask that you observe our rules and be courteous at all times.

The calendar shows all of the shifts available to students. Find the shift you want and and communicate your desired shift(s).

It's a good idea to request several shifts at one time in the order of preference. That way if your first choice has been taken, you may get your second, third, or fourth etc.

Report to your assigned station at least 15 minutes early. It is not unusual for an ambulance crew to receive a call just before their shift actually starts. If they get a call before you arrive, there is no telling when they will return to the station to pick you up.

THE FOLLOWING REQUIREMENTS MUST BE STRICTLY ADHERED TO. FAILURE TO MEET THE FOLLOWING REQUIREMENTS FOR YOUR RIDE-A-LONG WILL RESULT IN YOU BEING SENT HOME:

- All students must report to their assigned station with a completed McCormick Ambulance ride along waiver.
- All students must report to their assigned station with a completed McCormick Ambulance ride-a-long HIPAA agreement.
- All students must have 2 forms of identification previously copied and attached to the waiver and HIPAA agreement. A California driver license or I.D. and a student I.D. from your school are acceptable.
- All students must be dressed in professional attire. White button up shirt, navy blue/black slacks and black shoes. Please bring a black ball point pen and a wrist watch.
- BE ON TIME! If you are late, you will not be allowed to ride-a-long that day.
Student Waiver of Liability and Hold Harmless Agreement

1. In consideration for receiving permission to come upon company property, ride along in an ambulance and participate in this educational class (hereafter jointly referred to as the "activity"); I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Westmed Ambulance, Inc., Westmed Ambulance, Inc. dba McCormick Ambulance, Mariposa Commercial Properties, LLC, and all other affiliated companies, officers, property owners, agents, servants, or employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises or property where the activity is being conducted. This release includes, but is not limited to, all injuries and damages sustain while entering or exiting RELEASEES' vehicles, or while seated or situated in, around, or on any vehicle owned or operated by RELEASEES, or outside the vehicle while at the scene of any location to which RELEASEES' vehicle has responded to, or transported to, or parked at, or been situated at, or otherwise. I make this general release freely and with the full opportunity to seek the benefit of independent legal advice, and I am fully aware of and hereby waive the benefit of the provisions of Civil Code section 1542, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS, WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALY AFFECTION HIS SETTLEMENT WITH THE DEBTOR.

2. I am fully aware of the unusual risks involved and hazards connected with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. I acknowledge that riding in a vehicle owned by RELEASEE may be dangerous and MAY RESULT IN BODILY INJURY, DEATH, AND/OR EXPOSURE TO AIRBORNE OR BLOODBORNE PATHOGENS.

Exposure to airborne or blood borne pathogens may result in the transmission of AIDS, hepatitis, tuberculosis, or other infectious diseases. The individual agrees that they will follow all precautionary measures and instructions given by RELEASEES' employer. I further agree that I WILL REMAIN SEATBELTED AT ALL TIMES WHILE IN THE RELEASEES' VEHICLES even if not verbal, instructed to do so.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.

4. I agree that if any provisions of this agreement are subsequently held to be illegal, unenforceable or void, this agreement shall continue in full force and effect without said provision or portion of provision.

5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse. If I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.

6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Student Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

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WITNESS SIGNATURE  BADGE #

CREW USE ONLY: (A student lacking any of the following will not be permitted to ride along.)

☐ California ID or California Drivers License Initial:

☐ Student Identification Initial:

☐ Student Waiver of Liability and Hold Harmless Agreement signed, dated and witnessed. Initial:
WESTMED/McCORMICK Ambulance is pleased to be able to offer you the opportunity to ride-along as a third person. We hope you will have a great learning experience. We do ask that you observe our rules and be courteous at all times.

McCormick Ambulance Service is committed to protecting our employees, the patients we serve and the company from illegal or damaging actions by individual and the improper release of protected health information and other confidential or proprietary information.

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. McCormick Ambulance Service prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment or health care operation. Discussions of “Protected Health Information” (PHI) within the organization should be limited to, exchange of patient information needed for the treatment of the patient, billing and other essential health care operations, peer review, internal audits and quality assurance activities.

I recognize that unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code. I hereby agree not to divulge any information for records concerning any client/patient without prior authorization in accordance with the “Health Insurance Portability Act” of 1996 (HIPAA) and McCormick Ambulance Policy 2015.3

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