

**BALTIMORE CITY FIRE DEPARTMENT  
WAIVER AND RELEASE OF LIABILITY**

I have voluntarily applied to participate in the following activities:

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EMS ride-along, including but not limited to, riding in BCFD medic units and observing the provision of EMS in the field, with the potential for exposure to communicable disease, auto accidents, indigent and potentially violent patients as well as other dangers presented by the provision of EMS in an urban environment, may also include heavy lifting, climbing stairs and other physical activities

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- I KNOW THAT THESE ACTIVITIES MAY BE HAZARDOUS.
- I KNOW THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED.
- I AM PARTICIPATING IN THESE ACTIVITIES VOLUNTARILY.
- I ASSUME ALL RISKS TO ME FROM PARTICIPATING IN THESE ACTIVITIES.
- THESE RISKS INCLUDE INJURY TO MY BODY, DEATH, OR INJURY TO MY PROPERTY AND OTHER RISKS EVEN IF I DO NOT KNOW ABOUT THEM.

As consideration for the Mayor and City Council of Baltimore (City) permitting me to participate in these activities, I forever release the City, the State, any City or State affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives ( each a “Released Entity”) from any and all actions, claims, or demands, damages, causes of action or suits, at law and in equity, that I, my executors, assignees, administrators, heirs, distributees, guardians, next of kin, spouse, and legal or personal 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 Released Entity, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. This agreement will be valid and binding upon execution by the below signatory and does not require execution/signature by the City.

I agree to indemnify, save, defend and hold harmless the City from any claims or liabilities of third persons resulting from any direct or indirect action or omission by me in connection with my participating in the activities.

I 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 the City in connection with any of the matters covered by the release above.

- I HAVE READ THIS AGREEMENT CAREFULLY OR SOMEONE HAS READ IT TO ME.
- I FULLY UNDERSTAND ITS CONTENTS.
- I HAVE HAD TIME TO THINK ABOUT WHAT THIS RELEASE MEANS.
- I KNOW THAT I AM GIVING UP A LEGAL RIGHT.
- I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE CITY AND ME.
- I KNOW I HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE SIGNING THIS RELEASE.

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Participant’s Signature (above)                      Date  
NAME (in print):

*For BCFD Personnel: Please forward a signed original or copy of this agreement to BCFD legal counsel and retain a copy for your file*

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Participant’s Organization

**BALTIMORE CITY FIRE DEPARTMENT  
HIPAA AND MEDICAL INFORMATION PRIVACY  
ACKNOWLEDGMENT FORM**

I have read Baltimore City Fire Department Manual of Procedure (MOP) section 820-7 Medical Information Privacy (HIPAA). I understand all the terms of MOP 820-7. I have had ample time to review MOP 820-7 and have asked and had sufficiently answered all questions necessary to my understanding of the policy. I agree to abide by all the terms of MOP 820-7 and agree to refrain from in any way disclosing Protected Health Information (PHI) at any time to any unauthorized persons, including friends and family. This agreement and the terms of MOP 820-7 remain in effect beyond the activities in which I am participating. If I am participating in a ride-along or training activity, for example, I agree to abide by the terms of this agreement and MOP 820-7 even after the ride-along or training session has ended. If I have any questions about disclosures of PHI that may arise in the future, I will inquire with the BCFD.

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Participant's Signature (above)                      Date  
NAME (in print):

*For BCFD Personnel: Please forward a signed original or copy of this agreement to BCFD legal counsel and retain a copy for your file*

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Participant's Organization