

West Parry Sound Health Centre
Ambulance Service

STATEMENT OF RELEASE FROM LIABILITY

This is to certify that I, _____ and any or all agents working on my behalf, do hereby release West Parry Sound Health Centre Ambulance Service, the employees thereof, from any liability for, or actions arising from any alleged liability of any or all injuries or misadventure suffered while working within the sphere of their responsibility.

It is understood that I am present as an observer unless requested to render first aid under the actual supervision of a qualified Paramedic, as allowed by Ontario regulation 257/00 under the Ambulance Act. I will follow the instructions given to me by the employees I am assigned to without hesitation, discussing any queries at a later time. It is understood that my behaviour will be of a mature nature at all times and my attire will be of proper conformity with that of the employees I am working with.

I understand that all information brought to my attention through this work experience will be treated in a confidential manner as specified under the Secrecy of Communications provisions within the Radio Act of Canada, so help me God.

SIGNED: _____

DATE: _____

WITNESS: _____

N.B. When a statement of release from liability is signed by an individual it is to be promptly returned to the Manager for filing purposes.