

**AUTHORIZATION TO RELEASE REPORTS AND RECORDS**

TO: [Name and address of medical care provider]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby authorized to furnish and release to Amherst Life Saving Crew, any and all information, reports, and records which you may have regarding any and all information or opinion in your possession with respect to any treatment, injury, examination, consultation, copies of all medical records, or charts, and to allow them to see or copy any records or reports relating to me, including any office notes. I hereby waive any privilege or right to have this information kept confidential, and I hereby consent to the release of this information to the above persons or their representatives. A photocopy of this authorization shall be as valid as the original.

All prior authorizations are hereby canceled and revoked, however, the foregoing authorization shall continue in force until revoked by me in writing.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF VIRGINIA

TO-WIT:

COUNTY OF AMHERST

I, \_\_\_\_\_, a Notary Public in and for the State and County aforesaid, do hereby certify that \_\_\_\_\_ has acknowledged and executed the foregoing before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

I hereby authorize use or disclosure of protected health information about me as described below.

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure: Amherst Life Saving Crew.
2. The following person or class of persons may receive disclosure of protected health information about me:  
His/her/its name is: [Name and address of requesting Volunteer Agency]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The specific information that should be disclosed is any of my medical record information set forth on the preceding page.
4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.
5. I may revoke this authorization by notifying [name of medical care provider] \_\_\_\_\_ in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.
6. This authorization does not automatically expire.

**THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.**

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SSN

(The person about whom the information relates)

**OR**

\_\_\_\_\_  
Signature of Guardian or

\_\_\_\_\_  
Date of Guardians/Personal

Personal Representative of the  
Individual

Description of the Individual

STATE OF VIRGINIA,  
COUNTY OF \_\_\_\_\_, To-wit:

I, \_\_\_\_\_, a Notary Public in and for the State and County aforesaid, do  
hereby certify that \_\_\_\_\_, whose name is signed to the writing above bearing  
date on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, has acknowledged the same before me in my State  
aforesaid.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

RIDE-ALONG PARTICIPATION AGREEMENT  
ASSUMPTION OF RISK  
INDEMNITY AGREEMENT AND  
COVENANT NOT TO SUE FOR ADULTS

I \_\_\_\_\_ have requested that the Amherst Life Saving Crew allow me to come onto their facilities and to ride with their personnel as part of my training. I am fully aware of the inherent risks associated with my participation in the ride-along program, which include, but are not limited to bodily injury, physical and emotional disability, death, and property damage resulting from the risks of motor vehicle accidents and accompanying Amherst Life Saving Crew's personnel into areas where emergency situations may exist. Understanding these risks, it is still my decision to participate in the ride-along program and in consideration of the Amherst Life Saving Crew allowing me to participate, I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs, and assigns, will hold the Amherst Life Saving Crew or the County of Amherst, their officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the ride-along program, whether caused by the negligence of the Amherst Life Saving Crew, the County, their officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the County and the Amherst Life Saving Crew, their officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Amherst Life Saving Crew or Amherst County, their officials, employees and agents, as a result of my participation in the ride-along.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full force and effect.

I further understand that permission to participate in ride-along exercises is granted subject to the rules and regulations of the Amherst Life Saving Crew and such permission may be restricted to specified periods of time or revoked entirely by the Amherst Life Saving Crew in its sole discretion.

WITNESS my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Amherst Life Saving Crew

\_\_\_\_\_  
Adult Participant



**FOR MINORS ONLY**  
**RIDE-ALONG PARTICIPATION AGREEMENT**

**ASSUMPTION OF RISK**  
**INDEMNITY AGREEMENT, AND**  
**COVENANT NOT TO SUE FOR MINORS**

I, the undersigned parent/guardian for \_\_\_\_\_, agree to allow my child, who is under the age of eighteen, to participate in the Amherst Life Saving Crew's ride-along program. I am fully aware of the inherent risks and dangers associated with this activity, which include, but are not limited to the possibility of bodily injury, physical and emotional disability, death, and property damage resulting from the risks of motor vehicle accidents and accompanying Amherst Life Saving Crew personnel into areas where emergency situations may exist. Understanding these risks, it is still my decision to allow my child to participate in the activity and in consideration of the Amherst Life Saving Crew allowing my child to participate; I do hereby on my own behalf and on behalf of my child, assume full responsibility for such risks. I agree that neither I nor my child, our legal representatives, heirs, and assigns, will hold Amherst Life Saving Crew, Amherst County, their officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that my child may sustain as a result of participation in the ride-along program, whether caused by the negligence of the Amherst Life Saving Crew, Amherst County, their officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the Amherst Life Saving Crew, Amherst County, their officials, employees and agents, from all claims and expenses of any nature whatsoever, including the costs of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from the Amherst Life Saving Crew, Amherst County, their officials, employees and agents, as a result of my child's participation in the ride-along program.

I understand that this Participation Agreement, Covenant Not To Sue and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the ride-along program is granted subject to rules and regulations of the Amherst Life Saving Crew and such permission may be restricted to specified periods of time or revoked entirely by the Amherst Life Saving Crew in its sole discretion.

WITNESS my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Amherst Life Saving Crew

\_\_\_\_\_  
Parent/Guardian