Huntington Community First Aid Squad

Acknowledgement of Confidentiality
And
Waiver of Liability
(Media Representative)

Having been invited to ride as an observer on an ambulance or ambulances by the Huntington Community First Aid Squad Inc., I hereby specifically acknowledge the need to keep confidential any and all patient information of which I may become aware. I will not disclose or use for any porpose the name, address and or condition of any patient observed by me unless specifically authorized in writing to do so by the patient. In addition, I agree that I will not solicit such authorization from the patient.

I further specifically acknowledge that:

1. I will not film, photograph or record the patient or the statements of the patient; and
2. in the event that the ambulance in which I am riding responds to a home, I will remain outside the home and will not film or photograph the home.

I further acknowledge that riding on ambulance calls is an inherently dangerous activity, which may involve exposure to disease, blood-borne pathogens and other physical injuries. I agree hereby to hold harmless and indemnify the Huntington Community First Aid Squad, Inc. for any injury that I may suffer except as a result of the actual negligence of members of the Huntington Community First Aid Squad, Inc..

_____
(Signature of Media Representative)

_____
Name (Printed)

_____
Company or Affiliation

State of New York
County of Suffolk) ss:

On the _____ day of _____ , 20 ___ , before me personally came and appeared _____ to me known and known to me to be the individual described in and who executed the foregoing instrument, and who duly acknowledged to me that (s)he executed the same:

_____
(Notary Public)

HCFAS form # 106a (10/2002)