



Cattaraugus County Office of Emergency Services

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EMS Course Notice of Liability

Today's Date: _____

Name of EMS Student: _____

Students Fire/EMS Agency: _____

Course Start Date: _____ Course End Date: _____

Course Location: _____

Students Fire/EMS Agency: _____

I, the Fire/EMS Officer of the above named Fire and/or EMS agency acknowledge and authorize

_____ to participate in the above EMS course sponsored by
(Type or Print Name of Participant)

Cattaraugus County Office of Emergency Services. The student is authorized participate in all related course activities that are required to complete the course. Such activities can include but not limited to classroom lectures, practical skills practice in the class room, lifting and moving of patients, hospital clinical time, and ambulance clinical time.

Our agency recognizes this activity as training. I understand that the individual will be covered by, the above named Fire and/or EMS agency's insurance while he/she participates in this course and all its related activities. Furthermore, it is understood that it is the student's responsibility to report any incidents, injuries, or exposures to their officer in-charge per their agency policies, and the course Certified Instructor Coordinator as soon as possible.

Officer's name _____
(Print name)

Officer's Signature: _____ Date: _____

Student's Signature: _____ Date: _____