



AUGUSTA
UNIVERSITY

RELEASE OF LIABILITY

EMS Physician Response Vehicle

I, _____ hereby release, indemnify and agree to hold harmless Augusta University and its agents and employees for any injury or illness resulting from my involvement during any activities with the AU EMS Physician Response Vehicle (EMSPRV). I acknowledge that injury or illness could result from my participation in these activities and that my participation in any portion of the training program is strictly voluntary. I attest that I do not have significant uncontrolled medical problems such as asthma, severe allergies (anaphylaxis), uncontrolled severe hypertension, heart disease, emphysema, or other conditions that would place me at risk; or that these conditions are sufficiently controlled as to not represent a threat to my health during this EMSPRV program. If any portion of the EMSPRV program represents a risk to my health I may elect not to participate. I realize that during my activities with the EMSPRV program I may be placed in situations where unpredictable dangers to my life may arise, e.g. inclement weather, dangerous traffic situations, hostile bystanders...etc. The supervising physician will make every attempt to minimize any potential dangers and at any point I can request to be removed from the situation, however, this may not be immediately feasible. I also understand that this program is intended to be observational and I am not to provide any medical direction or interventions unless authorized and directly supervised by the physician in charge.

Signed: _____

Date: _____

Name (printed): _____

Medical College of Georgia
