SAINT PAUL FIRE DEPARTMENT
Timothy M. Butler, Fire Chief

DIVISION OF EMERGENCY MEDICAL SERVICES
Matt Simpson, EMS Chief

CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

645 Randolph Avenue *Telephone: (651)224-7811*
Saint Paul, Minnesota 55101 *Facsimile: (651)228-6255*

VISITOR'S WAIVER

TO WHOM IT MAY CONCERN:

The Chief of the Saint Paul Fire Department has granted permission for me to work with various units and members of the department.

In consideration thereof, I hereby waive all claims of liability against the City of Saint Paul, the Saint Paul Fire Department, or any employee thereof for personal injuries I may incur while in or adjacent to Fire Department quarters and facilities, while riding or being on Fire Department apparatus or while at the scene of an emergency or other Fire Department activity. This waiver is and shall be binding on me, my heirs, and personal representatives.

It is further understood that my presence in these various locations is granted subject to the discretion of the officers of the department.

CONFIDENTIALITY

I further acknowledge that in the course of this observational experience, I may become privilege to patient information including diagnosis, treatment, and other sensitive and private information. I fully understand that the patient's identity and all the facts relating to the care and treatment rendered by the EMS professionals to any patient are strictly confidential, both ethically and legally. I understand that at no time can any patient information be discussed or repeated.

Participant's Signature_____ Date

☒ **Student** ☒ **Civilian** ☐ **Medical Affiliation** ☐ **Other**

Print Name _____

CONDITIONS: **SPFD "X" GAMES HELD ON 04-24-10 FROM 0830-1730 HRS.**

Date of Ride-a-long: Time of Ride-a-long:

Unit Riding with:

Approved:

Fire Chief Date

EMS Chief Date

**** Must be signed prior to Ride-a-long by a Chief Officer****

(DFSS Form #1 – revised 12/11/09)