



Ute Pass Regional Ambulance District

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Customerservice@UPRAD.org

Release of Liability

Third Ride

For the courtesy shown to me by Ute Pass Regional Ambulance District, I hereby agree to the following:

I _____ intend to spend a period of time at the Ute Pass Regional Ambulance District quarters and accompany the Ute Pass Regional Ambulance District crews on emergency and non-emergency calls. I do hereby release Ute Pass Regional Ambulance District, its crews, managers, and Board of Directors from any and all liability which may be incurred during this time.

Furthermore, I agree to follow all directions of the crew, and present myself in a professional manner and do nothing that would bring discredit to Ute Pass Regional Ambulance District.

By signing this release, I also attest that I have received training in, am knowledgeable of and agree to adhere to patient privacy laws (HIPPA).

Signature: _____

Date: _____