

San Marcos/Hays County E.M.S.

PO Box 641

San Marcos, Texas 78667

Office: (512) 353-5115 Fax: (512) 353-1491

RIDER RELEASE OF LIABILITY

I, _____, hereby acknowledge that I have volunteered to ride with the medical personnel of San Marcos/Hays County E.M.S. I understand that, during the course of this ride, I may observe real-life scenes of an extreme, graphic nature, including but not limited to dead and/or mutilated human bodies and severe traumatic injuries. I also understand that I may be exposed to blood and/or other bodily fluids, and that certain communicable diseases can be transmitted by exposures of this type. I hereby agree to release and hold harmless San Marcos/Hays County E.M.S., including all agents and employees thereof, from any and all liability and/or damage whatsoever that may be sustained by or to myself during the course of the ride. I agree that this release shall bind my successors, assigns, and heirs.

I HAVE READ THE ABOVE RELEASE, I UNDERSTAND IT, AND I AGREE TO IT. I UNDERSTAND THE RISKS ASSOCIATED WITH THIS RIDE AND I KNOWINGLY AND EXPRESSLY ASSUME THEM.

Signature of Rider

Signature of Legally Authorized Representative

Relation

Witness

Date