

# AETNA AMBULANCE SERVICE INC.

140 VAN BLOCK AVENUE  
HARTFORD, CONNECTICUT 06114  
PHONE (860) 247-6792  
FAX (860) 240-7574

## WAIVER AND GENERAL RELEASE OF LIABILITY for Observers, Students and ALS Field Interns

STUDENT NAME:	TODAY'S DATE:
INTENDED START TIME:	INTENDED END TIME:
PROGRAM NAME/AFFILIATION/INSTRUCTOR NAME:	<input type="checkbox"/> CIVILIAN OBSERVER <input type="checkbox"/> STUDENT <input type="checkbox"/> ALS PRECEPTEE
HOME ADDRESS(STREET):	CITY, STATE, ZIP CODE:
LEVEL OF PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED: <input type="checkbox"/> EMT <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> PARAMEDIC <input type="checkbox"/> N/A	EMERGENCY CONTACT (NAME AND PHONE NUMBER):

In consideration of my being permitted to ride with Aetna Ambulance Service, Inc. (herein "Aetna"), I voluntarily and knowingly execute this Waiver and General Release of Liability with the express intention of releasing Aetna, it's managers, officials, agents, and employees from and against all liabilities, claims, actions, damages, losses, or expenses arising out of or due to my participation in this observation time, including, without limitation, injury, illness, or death which may be suffered before, during, or after such participation.

I hereby accept and assume all risks to myself involved in participating in this Aetna Program and fully assume all responsibility for any injury, damage, or claim of any nature whatsoever that may result from such participation. Furthermore, the undersigned understands that this Waiver and General Release of Liability includes provisions for waiver of any claims based on negligent action or inaction of Aetna, its managers, officials, agents, and employees. The undersigned has elected to assume all such risks.

I also understand that any and all professional liability is the sole responsibility of the program with which I am affiliated. I understand that Aetna will be held harmless and is indemnified from and against any claim, loss, cost or expense, including attorney's fees that may arise out of any act or omission caused by the undersigned student, observer or preceptee. It is my intention that this Waiver and General Release of Liability shall be binding upon my spouse, heirs, legal representatives and assigns and that its coverage extends to my heirs, legal representatives, and assigns.

× \_\_\_\_\_  
Observer Date

× \_\_\_\_\_  
Aetna Manager/Witness Date