



EMT Waiver of Liability

Name (please print) _____

Policy Statement

The Emergency Medical Technician Program at Mitchell Community College has been developed in accordance with the National EMS Education Standards and with the standards set forth by the North Carolina Office of Emergency Medical Services. Injuries in Emergency Medical Technician Training are not common and ones that do occur are usually limited to sore muscles and joints due to lack of prior exercise. However, prudent participants will want to ensure they have coverage for major injuries, which are rare, but possible. Prior to participating in each training activity, participants will be instructed in the proper use of any equipment and/or facility. Participants shall be responsible for following correct procedures and safety precautions. Participants will also be responsible for reporting any safety concerns to the proper college personnel.

Students may be exposed to the following situations: physical fitness training, outdoor environmental climate extremes, and exposure to physical and mental fatigue. This list is intended to give the student an idea of the rigors of the EMT training. However, the list is not intended to be an all-inclusive list of stressors a participant in the EMT training course might encounter.

Assumption of Risk and Release

In consideration for the opportunity to participate in EMT training at Mitchell Community College, the undersigned agrees to comply with all rules, regulations, procedures, and safety precautions established by the College in connection with the EMT training program and the use of the equipment and facilities associated with it. Furthermore, I acknowledge the existence of the risk associated with this program, and agree to assume such risk and accept responsibility for any injuries, illness, death, and/or property damage sustained by me in the course of participation in this program. I hereby agree for myself, my heirs, executors, and administrator, to release and consent not to sue Mitchell Community College, its employees, whether full- or part-time, paid or unpaid, its administrators, directors, and agents, and hold them harmless for any losses or injuries that may result from participation in this training program.

I acknowledge that I have read this document and understand it and I am signing voluntarily.

Please Print

Last Name _____ First _____ Middle _____

Signature _____ Date _____

Witness _____ Date _____