



Scarborough Fire Department

Scarborough, Maine



Standard Operating Procedures

Book:	Organization
Chapter:	Forms, Records & Reports
Subject:	1535 – Fire/EMS Observer Agreement
Revision Date:	07/18/2007
Approved by:	<i>B. Michael Thurlow</i>

This form must be completed, approved, and presented prior to time of observation.

I, _____ hereby certify that I am a(n)

- Enrolled student in a health education program Licensed EMS provider
 Other licensed medical provider or certified firefighter approved by the Fire Chief.

and I have been authorized by my agency/employer listed below to participate in the Scarborough Fire Department Firefighter/EMS Observation Program.

Agency/Employer's Name & Address: _____

Signature of participant's program director/supervisor: _____ Date: _____

I further certify that I, my agency, or my employer, have medical insurance coverage through:

Insurance Company Name: _____

and that a certificate of insurance evidencing General Liability and naming the Town as an additional insured will be provided prior to the time I will be observing; and, I have included written evidence that medical insurance coverage is in place during the time I will be observing with the Scarborough Fire Department.

I also agree to abide by the program conditions, directions from the supervisor to whom I have been assigned, and Scarborough Fire Department standard operating procedures.

I understand that this program may involve a risk of personal injury, up to and including my death and I knowingly and willingly accept this risk. On behalf of myself, my heirs, executors, and administrators, I hereby expressly waive all rights of action, either legal or equitable, which I have or may have against the Town of Scarborough, its Fire Department, its officers and/or its employees, by reason of any injury or loss to me that results directly or indirectly from my participation in the Observation Program.

Signature of Participant: _____ Date: _____

Witness: _____ Date: _____

Approved: _____ Disapproved: _____ Observation Time Period: _____

Fire Chief: _____ Date: _____