



**SUBJECT: Med-Trans Corporation (MTC) Ride-Along Program (Acknowledgement of Obligations and Hold Harmless)**

I have requested to participate in the Med-Trans Corporation Ride-Along Program. This Program affords participating Health Care Providers with an opportunity to experience and observe actual Helicopter Emergency Medical Services (HEMS) flights as a passenger and observer.

This invaluable learning experience is designed to provide Health Care Providers with first-hand insight regarding helicopter safety, flight criteria, and patient care in an Air Medical setting. This is done by permitting participants to observe Med-Trans Corporation Pilots and Medical Crewmembers performing their duties while riding-along as a passenger during actual patient flights.

I understand that this Program is provided to me free of charge and I represent that the information contained in my Program Application was, and still is, accurate. I will follow all written Program instructions, and will follow all Med-Trans Corporation Pilot and Medical Crewmember instructions.

I am familiar with HIPAA confidentiality obligations; I understand that I may observe or learn protected personal health information during the course of the Program; and I agree to keep such information confidential as required by HIPAA.

I acknowledge and agree that I am an observer only, and will not engage in any patient care while participating in this Program. I have no duty (by state law, contract or otherwise) to assist in patient care that will interfere with my status as an observer.

I agree to indemnify, defend and hold harmless Med-Trans Corporation, and its owners, directors, officers, employees, affiliates and agents from and against any and all claims, liabilities, demands, actions, or causes of action to the extent arising out of, in connection with or relating to any of the following: (i) any inaccuracies in this Acknowledgement or my Application and/or (ii) my presence, action or inaction during any patient flight, or any of my actions which violate this Acknowledgement or any Med-Trans Corporation instructions (written or otherwise), regardless of the reason for taking such action.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)