



Cadet Program Consent, Waiver, and Release Form

I have voluntarily applied to join the Johnston County Emergency Medical Services Cadet Program. As a part of this application, I agree and understand that the use of any and all equipment, tools or participation in any department activities shall be at my own risk.

Based on my understanding and acceptance of the risks involved in participating in the Cadet Program and in consideration of accepting my application to participate in activities of the Cadet Program, I waive and release any claims that I may have as a result of my participation in any of the program activities. Johnston County EMS, its board members, officers, and employees/members, shall not be liable to me or to my property arising out of my participation in the Cadet Program.

I understand that as a participant in the Cadet Program, I may encounter emergency medical training at an EMS station, as well as participation at the scene of an emergency call. I further understand that as a participant in the Cadet Program, I may be allowed to ride along with the EMT's and Paramedics in emergency vehicles and that participating in such activities may be dangerous at times.

I/We as parent(s) of the undersigned agree and acknowledge that there are high risks associated with Emergency Medical Services activities and being in and around an EMS station. In spite of these risks, I/we authorize my/our child to be involved in the Cadet Program, and hold harmless the Johnston County EMS, board members, officers, members, employees and agents from and against any and all injuries, claims, liabilities, cause of action, damages and adverse actions arising as a result of my child/s actions or omissions, or the actions or omissions of a third party and whether arising on the behalf of my child or on behalf of any third party, except to the extent that such injuries, claims, liabilities, cause of action, damages or adverse actions are the direct result of any authorized actions or omissions of any officer, employee, member or other agent of the Johnston County EMS undertaken in ordinary course of employment or business of the Johnston County Emergency Medical Services.

Applicant's Signature _____

I/We, the undersigned parent(s)/guardian(s) of _____, have read and understand the above waiver and release. I/We also read and understand the Cadet Program Standard Operating Guidelines (SOG) and give my/our consent to our son's/daughter's participation in the Johnston County Emergency Medical Services Cadet Program. I/We agree to be bound by the terms of the above stated Waiver and Release for our child and ourselves.

Signature _____ Date: _____

Signature _____ Date: _____