

**WALLACE COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES PROGRAM**

**EMS LIABILITY RELEASE FORM**

I, \_\_\_\_\_, hereby acknowledge that I am eighteen years of age or older. I further acknowledge that I fully understand the contents of this release and that I am signing it voluntarily.

As a student of the Emergency Medical Services Program at Wallace Community College, I am aware of the risk of personal injury, illness or death which is inherent in my participating in EMS classroom, laboratory, clinical and field internship activities. I understand that medical insurance and responsibility for payment of medical bills incurred during the program are my responsibility. I further understand that I am responsible for all vaccinations, including hepatitis B, that are required for program admission.

Upon full awareness and consideration of the risks which I might assume in participating in classroom, laboratory, clinical or field internship activities, I hereby agree to release Wallace Community College and its instructors, officials, agents, representatives, clinical sites, and employees from any liability for any type of illness or injury which is incurred to me during my participation in the program. This release will remain in effect for the duration of my enrollment in the Emergency Medical Services Program.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date