



Tri-State Ambulance, Inc.  
235 Causeway Blvd.  
La Crosse, WI 54603  
Phone: 608.784.8827  
Fax: 608.782.4522  
www.tristateambulance.org

### Release for Ride-Along Program

Please review the attached ride-along consent form in its entirety before completion. This is in accordance with EMTALA and/or HIPAA regulations.

I understand that the information in this application will be kept confidential by the staff of Tri-State Ambulance, Inc. As a participant of the Tri-State Ambulance Ride-Along Program, I agree to comply with all policies, procedures and guidelines established by Tri-State Ambulance, Inc., Tri-State Regional Ambulance, Inc., and Gundersen Health System and all patient information will be kept confidential. I recognize there are risks associated with the ride-along experience and am prepared to assume all such risks.

I understand participation in the Tri-State Ambulance Ride-Along Program involves certain risks including, without limitation, the possibility of an accident resulting in injury or death. In the event of an accident, illness, injury and/or death while participating in the Tri-State Ambulance Ride-Along Program, I agree to release and forever discharge Tri-State Ambulance, Inc., Tri-State Regional Ambulance, Inc., Gundersen Health System and its officers, governors, trustees, employees, agents and representatives from any and all claims, demands, causes of action, losses and liabilities arising from or relating thereto.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

#### Participant's Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

*Proudly caring for our communities and families with compassion, innovation, and excellence.*