



RIDE ALONG CONSENT AND RELEASE

I, _____, being at least eighteen (18) years of age, in consideration for being given the opportunity to (I) observe actual rescue and emergency medical situations and helicopter transportation, or (II) permitted to ride in the OSF Life Flight helicopter owned and operated by OSF Aviation, LLC, do so at my own risk. OSF Life Flight shall not be liable for any claims for damages arising from personal injuries sustained by me while riding in or operating around said helicopter. I knowingly, freely and voluntarily assume full responsibility for any injuries or damages which may occur to me, and I hereby knowingly, freely and voluntarily fully and forever release and discharge OSF Life Flight and its agents, employees and representatives from any and all suits, actions, causes of actions and claims for damages on account of injuries or death to my person which might arise from, result from, or in any way be connected with my riding in the helicopter. I have had explained to me and understand that the risks associated with (I) accompanying the OSF Life Flight team or (II) riding in the helicopter include, without limitation, risk of injury to the person usually associated with aircraft accidental collision or mechanical failure, pilot error or travel in unfavorable weather conditions. I stipulate and agree while riding in said helicopter to be bound by all applicable orders, rules and regulations of OSF Life Flight.

_____ By your presence in these locations during the observation experience, the below named signatory will have either direct or indirect access to confidential and sensitive information. The protection of the privacy, security and confidentiality of information is a matter of concern for all persons who have access to confidential and sensitive information. Each person accessing this information holds a position of trust relative to this information and must recognize the responsibilities entrusted to them in preserving the privacy, security, and confidentiality of this information. The named signatory of this document will not use or disclose the contents of any record or report except as necessary and appropriate and as permitted by federal, state, and local laws and will comply with all applicable policies of OSF HealthCare.

_____ Ride-Along participants shall comply with the Federal Communications Commission's rules which mandate that cellular telephones carried aboard the aircraft must not be operated while the aircraft is off the ground. Cell phones must be completely off OR in airplane mode at all times while the aircraft is running. You are free to take pictures while in the air. However due to HIPPA restrictions, photography is prohibited once on scene/bedside and while a patient is in the aircraft. Ride-Along participants are allowed to photograph situations that represent good opportunities to document air medical transport for teaching purposes and future education. The use of photography equipment must never interfere with or delay patient care. Remember, there are often journalists with video or other cameras already at the scene, and your actions are closely scrutinized. Ride-Along participants agree that any photograph taken of them while with OSF Life Flight becomes the property of OSF Life Flight, and may be published for education or marketing purposes. I have read the Cell Phone, Camera Use, and Photograph Guidelines and agree to comply with the regulations fully. I also give consent for OSF Life Flight to use photographs of myself for education or marketing purposes within OSF Life Flight.

_____ I have read the Ride-Along Dress Code Policy and agree to follow all requirements.

In signing this consent and release, I hereby acknowledge and represent that I have read the foregoing release and consent, understand it, have had any questions I may have answered and sign it voluntarily.

Print Name

Signature

Date