



**EMT Program
Waiver and Release Form**

I understand that as a student in the EMT at Delta College (the “College”) I am required to participate in certain clinical experiences in facilities that provide direct care to patients (the “Facilities”). I understand that in order for me to participate in these clinical experiences, the College and the Facilities require that I provide current health documents, including not necessarily limited to TB Test (current annual proof of results and date read), Physicals, including immunization record relating to MMR and Td, and Hep B form (either sign waiver or attach proof of shots and dates) (the “Documents”).

I agree to provide multiple copies of the Documents to Delta College Fire Science Coordinator, and to provide updated copies, as requested. I understand that the College will provide the Documents to the Facilities, and I agree that it may do so. I waive any claim which I may have against the College, now or in the future, and I hereby agree to indemnify, defend, release and hold harmless the College, its employees, representatives, agents, and assigns from and against any claim, action, suit, proceeding, loss, cost, damage, liability, deficiency, fine, punitive damage or expense in connection with or arising out of possession or use of the Documents by the College or the Facilities, or the College’s providing the Documents to the Facilities.

I have read and understand the foregoing, and I agree to its terms.

Student Legal Signature

Student Legal Name (Type or Print)

Witness Signature

Witness Legal Name (Type or Print)

Date