

ThedaCare

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ThedaStar Release Of Liability Certificate

I, _____, have been advised of the inherent risks of flying in a helicopter engaged in live emergency medical services. I fully understand and accept the risk in order to obtain the benefits this flight experience will provide me personally.

I do hereby, for myself, my heirs, executors and administrators, remise, release and forever discharge ThedaCare, Inc. and its affiliated entities, including, but not limited to Theda Clark Medical Center, Inc., C.J. Systems Incorporated, and all their officers, agents and employees acting officially or otherwise, from any and all claims, demands, actions or causes of actions, on account of my death or on account of any injury or exposure to me which may occur from any cause during said flight incident thereto.

In the event of any accident or injury which I may incur as a result of the air flight mission, I hereby instruct ThedaCare, Inc. and its agents to secure appropriate medical care on my behalf and to notify the individual listed below:

_____	_____
Name (Please print)	Relationship
_____	_____
Phone Number	Address

In witness whereof, I, the said Rider, have hereunto set my hand and seal this _____ day of _____, 20__.

_____	_____
Rider Signature	Date

_____	_____
Witness Signature	Date

I, the undersigned, hereby agree to accept responsibility for adherence to the above guidelines for the purpose of acting as a Ride-a-long on ThedaStar medical helicopter, based at Theda Clark Medical Center, Neenah, Wisconsin.

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Signed, _____, this day, _____ month/year _____.

Home address: _____

Phone Number: (home) _____ (work) _____

Current EMS/Law Enforcement affiliation and title: _____

BLS expiration date: _____

Weight: _____

Objectives or goals: _____

Scheduled date of Ride-a-long: _____