

**CITY OF MIAMI
DEPARTMENT OF FIRE-RESCUE
GENERAL RELEASE**

I, _____, the undersigned, in consideration of permission to accompany City of Miami Department of Fire-Rescue personnel in the course and scope of their employment in City of Miami Fire apparatus or other vehicle or equipment, to fires, EMS emergencies, or on other errands and also while present on property owned, operated, controlled or maintained by the City of Miami, its assignees, agents or representative, on behalf of myself, my heirs and assignees, do hereby unconditionally release, exonerate and forever discharge the City of Miami, its assignees, agents or representatives from any and all claims, demands, accounts, sums of money, torts, trespasses, causes of action or rights of action, whether at law or in equity, which I, the undersigned may have as a result or personal injury or damages to or loss of property, while so accompanying City of Miami personnel, equipment, vehicles or while upon property or equipment and/or vehicles as described above.

My signature below indicates that I have been informed, understand, agree, and will follow the City of Miami policies and procedures concerning the privacy of individually identifiable protected health information as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

I agree not to disclose any Protected Health Information (PHI) acquired (includes oral, written electronic forms) during my ride-along to any person except as permitted by the City of Miami policies in accordance with the HIPPA regulations. I understand that any unauthorized use or disclose or PHI may subject to civil and or criminal penalties under federal and state laws.

Participant:

_____ Print Name	_____ Signature	_____ Date
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Witness:

_____ Print Name	_____ Signature	_____ Date
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____Produced Identification

Type of Identification