

**METRO EMERGENCY TRANSPORT SYSTEM  
OBSERVER / STUDENT  
WAIVER OF LIABILITY**

Name: \_\_\_\_\_ Next of Kin: \_\_\_\_\_

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

City, State: \_\_\_\_\_ City, State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

I, \_\_\_\_\_ request permission to ride in a Metro Emergency Transport System vehicle. I understand that I am riding as an observer and will be under the direction of METS personnel.

I agree to hold harmless and waive all liability against METS, its employees and representatives, in the event I sustain any bodily injury, loss of life, or any other loss as a direct result of riding in a METS vehicle.

I further agree to abide by all rules and regulations as set forth by the Third Rider Duties and Responsibilities. I am aware of the dangers involved in riding in an emergency vehicle.

\_\_\_\_\_  
signature of observer / student

\_\_\_\_\_  
date

This waiver is good for 90 days from the date above.