



BRITISH COLUMBIA  
Ministry of Health Services

## EMERGENCY HEALTH SERVICES COMMISSION RELEASE AND INDEMNITY

IN consideration of HER MAJESTY THE QUEEN in Right of the Province of British Columbia, as represented by the EMERGENCY HEALTH SERVICES COMMISSION, permitting me to travel in a vehicle used by it for the purpose of observing the operation therein, I, the undersigned, hereby release HER MAJESTY THE QUEEN in Right of the Province of British Columbia, the EMERGENCY HEALTH SERVICES COMMISSION, their servants, employees and agents, from all claims, actions, suits or demands whatsoever that I, my next-of-kin, heirs, administrators, executors or assigns may now or hereafter have, own, or possess arising out of or in any way related to my being a passenger in the said vehicle and whether caused by the negligence of HER MAJESTY THE QUEEN in Right of the Province of British Columbia, the EMERGENCY HEALTH SERVICES COMMISSION, their servants, employees, or agents or otherwise.

AND further, I hereby agree to indemnify and save harmless HER MAJESTY THE QUEEN in Right of the Province of British Columbia, the EMERGENCY HEALTH SERVICES COMMISSION, their servants, employees and agents, from all claims, suits, actions or demands whatsoever made against any or all of them and arising out of or in any way related to my being a passenger in the said vehicle.

AND further, I do declare that prior to seeking publication of any article or other material containing information of which I may become possessed through my observing the operations of the EMERGENCY HEALTH SERVICES COMMISSION, I will submit same for review by the Executive Director of the EMERGENCY HEALTH SERVICES COMMISSION or his designate.

AND further, I do declare that I will not disclose to anyone outside the EMERGENCY HEALTH SERVICES COMMISSION, any information of which I may become possessed through my observation of the operations of the EMERGENCY HEALTH SERVICES COMMISSION without authorization from the Executive Director of the EMERGENCY HEALTH SERVICES COMMISSION.

DATED at Richmond, British Columbia, this \_\_\_\_\_ day  
of \_\_\_\_\_, 19 \_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student

\_\_\_\_\_  
Occupation