

CHICAGO EMT TRAINING

248 N. Leavitt St., Suites 114–117, Chicago, IL

ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INFORMED CONSENT AGREEMENT

This Assumption of Risk, Release of Liability, and Informed Consent Agreement (“Agreement”) is entered into between Chicago EMT Training (“CET,” “we,” or “us”) and the undersigned student (“Student,” “I,” or “me”) in connection with Student’s enrollment in and participation in CET’s EMT certification program (the “Program”).

Initials: _____ Nature of the Program and Physical Activities

I understand that the Program is a hands-on emergency medical training course that requires active physical participation in skills and simulations that mirror real-world EMS work. I understand these activities carry inherent risks of injury, and that CET has described those risks to me below so that I can make an informed decision about my participation.

Initials: _____ Lifting and Moving Activities

The Program includes a dedicated lifting and moving skills day, during which students practice patient lifting, carrying, and transport technique, including:

- Loading, unloading, and maneuvering a stretcher;
- Ascending and descending stairs while operating a stair chair, with a peer or instructor as the simulated patient;
- General patient-handling techniques involving lifting, carrying, and positioning body weight.

I understand that these activities carry a risk of muscle strain, joint stress, sprains, falls, and aggravation of any pre-existing injury or condition. I understand that CET utilizes an instructor “spotter” positioned at the base of stairs during stair-chair exercises as a safety measure, and that no student is required to perform any lifting or moving activity they are uncomfortable performing. I understand that these safety measures reduce, but do not eliminate, the risk of injury.

Initials: _____ CPR Training and Practice

The Program includes CPR training and practical skills practice, including performing chest compressions on a training manikin (and, where applicable, rescue breaths and AED use). I understand that this activity is physically strenuous and requires repeated, sustained physical exertion, as well as kneeling, bending, and sustained positioning at floor level. I understand that this activity carries a risk of muscle strain, joint or back stress, and aggravation of any pre-existing injury or condition, and that I may request rest breaks or a modified role at any time.

Initials: _____ Blood Glucose (Finger-Stick) Testing

The Program includes practical instruction on obtaining blood glucose readings, which may be performed on a peer or on myself, using a lancet device to puncture the skin. I understand this activity carries a risk of minor bleeding, bruising, localized infection, and exposure to bloodborne pathogens, and that proper technique and universal precautions are taught and required.

Initials: _____ Glass Ampule Medication Withdrawal

The Program includes instruction on withdrawing medication from glass ampules, which requires breaking the neck of a glass ampule by hand. I understand and acknowledge that this activity has a known risk of laceration from glass shards. I understand that CET instructs students on proper ampule-breaking technique, including use of a gauze or alcohol-wipe barrier, to reduce this risk, and that I am expected to follow that technique as instructed.

Initials: _____ Behavioral Emergency De-escalation and Restraint Practice

As part of instruction on neurological and behavioral emergencies, the Program includes practical exercises in verbally de-escalating a simulated behavioral emergency, as well as practicing physical restraint technique on an instructor acting as the patient. I understand that during these exercises, the instructor playing the patient role is instructed to offer a controlled, appropriate amount of physical resistance, without intent to cause harm or injury. I understand that this activity involves direct physical contact and hands-on restraint technique, and carries a risk of unintentional injury, including scratches, bruising, strains, or other minor injury, notwithstanding these safety instructions, and that accidents may still occur despite reasonable care by all participants.

Initials: _____ Clinical Rotations and Ambulance Ride-Alongs

The Program requires participation in clinical rotations and/or ambulance ride-alongs at third-party hospitals, fire departments, or ambulance services ("Host Sites") that are not owned, operated, or controlled by CET. I understand that during these experiences I may be exposed to communicable illness, injury while assisting with patient care or lifting, and risks associated with riding in and around emergency vehicles in transit. I understand that CET does not control the conditions, supervision, equipment, or safety practices at Host Sites, and that any illness, injury, or damage I sustain during a clinical rotation or ride-along is not covered by CET. I understand I may be required to separately sign a release, waiver, or other agreement directly with the Host Site, and that this Agreement applies in addition to, and does not replace, any such Host Site requirement.

Initials: _____ Medical Disclosure and Fitness to Participate

I affirm that I am voluntarily disclosing to CET any current or prior injury, medical condition, or physical limitation that could be aggravated by participation in the physical activities described above. I understand that it is my responsibility to notify my instructor, before the activity begins, of any condition that may affect my ability to safely participate, and that I may request a modified role or opt out of a specific physical task at any time without penalty. I understand that CET personnel are providing training instruction only, are not providing me with medical care, diagnosis, or treatment, and are relying on my disclosures in good faith.

Initials: _____ Voluntary Participation

I understand that no student is forced to perform any physical activity, exercise, or simulation that they are uncomfortable performing, and that alternative accommodations may be discussed with instructional staff on a case-by-case basis.

Initials: _____ Assumption of Risk

I knowingly and voluntarily assume all risks associated with participation in the Program, including but not limited to the risks described in Section 1, whether known or unknown to me at this time, and whether arising from the ordinary negligence of CET, its owners, employees, instructors, contractors, or agents.

Initials: _____ Release of Liability

To the fullest extent permitted by Illinois law, I release, waive, discharge, and covenant not to sue Chicago EMT Training, its owners, officers, employees, instructors, contractors, and agents (the “Released Parties”) from any and all liability, claims, demands, or causes of action arising out of ordinary negligence in connection with my participation in the Program, including activities on CET premises and at Host Sites during clinical rotations or ride-alongs. This release does not apply to, and does not waive, any claim arising from the gross negligence, recklessness, or willful or wanton misconduct of the Released Parties, as such claims cannot be waived under Illinois law.

Initials: _____ Emergency Medical Treatment

In the event I am injured or become ill during the Program, I authorize CET staff to contact emergency medical services and/or arrange for reasonable first aid or emergency care. I understand that responsibility for the cost of any medical treatment I receive is a matter between myself and the treatment provider, and that participation in the Program does not require proof of health insurance.

Initials: _____ Photo/Incident Documentation Acknowledgment

I understand CET may document incidents involving injury for internal safety and insurance recordkeeping purposes, consistent with applicable privacy laws.

Initials: _____ Severability

If any provision of this Agreement is found to be unenforceable or invalid under Illinois law, that provision shall be severed, and the remaining provisions shall continue in full force and effect.

Initials: _____ Governing Law

This Agreement shall be governed by the laws of the State of Illinois, without regard to its conflict-of-laws principles.

Initials: _____ Acknowledgment

I have read this Agreement in its entirety. I understand that I am giving up substantial legal rights, including the right to sue the Released Parties for ordinary negligence. I am signing this Agreement freely and voluntarily, and no representations other than those contained herein have been made to me.

_____ Date: _____
Student Signature

Print Name: _____

Date of Birth (if under 18): _____

Parent/Guardian (required if Student is under 18)

_____ Date: _____
Parent/Guardian Signature

Print Name: _____