

AGREEMENT AND RELEASE

1. **Voluntary Participation.** I, _____ (name of Participant) being eighteen (18) years old or older acknowledge that I have voluntarily applied to ride in a Life Link III -helicopter operated by Air Methods Corporation (the "Activity").
2. **Acknowledgment.** I understand that riding in a helicopter can be hazardous and involves certain risks that cannot be completely eliminated and that a Participant could suffer serious bodily, psychological, and neurological injury or even death or could cause injury to another's person or property. The possible risks associated with riding in a helicopter include, but are not limited to: (a) the helicopter crashing or having a hard landing; (b) Participant being run over, knocked over, thrown or dragged by the helicopter; (c) the Participant being involved in slips, falls, collisions or contacts with the helicopter, other individuals, objects such as vehicles, medical equipment and other such objects, and intangible things such as fumes and gases in liquid or gaseous form; or (d) the participant being exposed to hazardous substances.
3. **Assumption of Risk.** I knowingly and voluntarily consent to participate in the Activity with knowledge of the risks involved, and hereby agree to accept any and all risks of damage, injury, or death, and verify this statement by placing my initials here: _____
4. **Suitability of Participants.** Persons should not participate in the Activity if: (i) the Participant is or will be under the influence of alcohol, drugs, or medication during the Activity; (ii) the Participant does not fully understand any rules, restrictions, or direction given during the course of the Activity; or (iii) the Participant has any physical or mental injury, impairment or condition that would prevent him or her from participating fully in the Activity and taking the proper measures to protect himself or herself from harm. I hereby represent that I am able to participate in the Activity.
5. **Safety Briefing.** I understand that as a condition of my participation in the Activity I must complete a safety briefing with the Life Link III crew.
6. **Patient Privacy.** I understand that maintaining the privacy of patient information received during the Activity is imperative and that any patient information, regardless of its form, is strictly confidential and protected by federal and state laws. Accordingly, I understand that Life Link III prohibits my release of any patient information received during the Activity to anyone outside of Life Link III. I will inform Life Link III's Privacy Officer within five (5) days if I knowingly or inadvertently breach a patient's right to privacy.
7. **Release.** As consideration for being permitted by Life Link III, Air Methods Corporation and their Affiliated Organizations (as defined below) to participate in the Activity, I hereby agree that my assignees, heirs, distributees, guardians, legal representatives and I will not make any claim against, sue, or attach the property of Life Link III, Air Methods Corporation or any Affiliated Organizations (or the supplier of any of the equipment I will encounter or use in these activities) for any injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or contractor of Life Link III, Air Methods Corporation or any Affiliated Organization as a result of my participation in the helicopter ride. I hereby release and discharge Life Link III, Air Methods Corporation and any Affiliated Organizations from all actions, claims, or demands that my assignees, heirs, distributees, guardians, legal representatives and I now have or may hereafter have for injury or damage resulting from my participation in the helicopter ride. For the purposes of this Agreement, the term "Affiliated Organizations" shall include Air Methods Corporation and its subsidiaries or affiliated entities and Critical Care Services, Inc., d.b.a. Life Link III.
8. **Knowing and Voluntary Execution.** I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Life Link III, Air Methods Corporation and affiliated organizations. I sign it of my own free will and verify this statement by placing my initials here:

Executed at _____ on _____, _____.

Office Use

Crew: _____/_____

Releasor (signature, address and phone number)

Date of Activity