



HORRY COUNTY FIRE/RESCUE

2560 North Main Street, Suite 1
Conway, SC 29526

(843) 915-5190

(843) 915-6190 – Fax



RIDER AGREEMENT STATEMENT

I, _____, acknowledge and understand the risks of exposure and contamination from blood or OPIM. I have been advised of these risks by an authorized representative of Horry County Fire/Rescue. I agree to ride, on this date _____, in an observation only status that prohibits me from any patient contact. I understand that Horry County Fire/Rescue is not responsible for follow-up treatments for exposure incidents. However, Horry County Fire/Rescue will make available personal protective equipment, to me, if the situation warrants. I further understand that if I am to participate in any incident including patient care, I must provide Horry County with a copy of my proof of liability insurance and documentation of Bloodborne Pathogen training.

Rider's Signature

Date

Witness

Date

Approved By

Date

(Proof of Liability Insurance and Bloodborne attached)