NASSAU COUNTY FIRE RESCUE DEPARTMENT

AGREEMENT

This Agreem	ent entered into this 23 day of	AUGUST , 1999, by and between the
NORTHEAS	T FLORIDA MEDICAL TRAINING	, hereinafter referred to as "the college",
and the Boar	d of County Commissioners of Nassa	au County, Florida, a political subdivision of
the State of F	Florida, hereinafter referred to as the	"County", hereby agree as follows:
1.	The college desires to provide stud	lents currently training in the college's EMS

- The college desires to provide students currently training in the college's EMS program to train aboard County rescue vehicles.
- Said students shall ride only on unites to which they have been assigned by the County.
- Students shall be permitted to train/ride aboard the County's vehicles between
 0800 and 2400 hours only.
- 4. Students shall present to the County's supervising officer permission forms to ride in their assigned units.
- Students shall abide by all rules and regulations of the Nassau County
 Fire/Rescue Department.
- 6. The college shall be required to have on file for each student and provide to the County the following documents prior to the County's accepting any student:
 - a. Proof of health insurance
 - b. HBV statement
 - c. Fully executed Hold Harmless Agreement

d. Proof of auto insurance

- 7. The college shall maintain professional liability insurance for each student.
- 8. The County shall allow said EMS students from the college to ride on assigned units.
- 9. The County may, through its designee, at its sole discretion, refuse riding privileges to any student who does not meet the professional and other standards and requirements of the County. Should the County refuse permission to any student, the college may withdraw said student from the program.
- 10. The County's officer in charge may suspend the riding privileges of any student not meeting the uniform requirements, or in violation of any of the County's rules and regulations.
- 11. The County shall, at its sole discretion, set forth the number of students allowed to ride the rescue vehicles.
- 12. The college shall be responsible for any and all expenses incurred by the student.
- 13. This Agreement shall be effective for a period of one (1) year from date of the joint execution hereof and may be renewed from year to year by a vote of the Board of County Commissioners and by request by the college.
- 14. This Agreement may be canceled at any time by either party with sixty (60) days written notice to the other party.

BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

> J.H. COOPER ITS: CHAIRMAN

ATTEST:

J.M. "CHIP" OXLEY, JR DATE

ITS: EX-OFFICIO CLERK

APPROYED AS TO FORM BY THE

MICHAEL S. MULLIN DATI

NASSAU COUNTY ATTORNEY

NORTHEAST FLORIDA MEDICAL TRAINING

BY DIRECTOR DATE

BY 778-99 CHAIRPERSON DATE

BY SUPERINTENDENT DATE

NASSAU COUNTY FIRE RESCUE DEPARTMENT HOLD HARMLESS AGREEMENT

In consideration for the Nassau Count	y Fire Rescue, providing me with this op	portunity to		
acquire experience, I, the undersigned	, agree to indemnify, protect and hold ha	rmless, Nassau		
County Board of Commissioners, and	the Nassau County Fire Rescue and it's	officers, directors,		
employees, and/or agents, from any ar	nd all liability, judgements, claims, dema	nds, suits, actions,		
costs, attorney's fees, loss, damage or	injury arising out of or in connection wi	th any and all acts		
or negligent conduct on the part of the undersigned, however caused, arising out of or in				
connection with or relating in any m		had Agreement. I		
agree that I will defend, at my own e	This is a copy of	ings which may		
be brought against Nassau County E	the Hold Harmless	nty Fire Rescue		
in connection with the above and sh	agreementwhich	gements that		
may be entered against the County i	Than been derived			
If I am not an employee of Nassau	J. Hulchuson	r Worker's		
Compensation.	Fanny	agree that by		
I further understand that I am not c				
requesting to be allowed aboard the		iming the risk of		
any injuries I may incur as a result thereof.				
I DO NOT NEED ADDITIONAL TIME TO CONSIDER THIS HOLD HARMLESS AGREEMENT, NOR DO I NEED TO CONSULT WITH ANYONE PRIOR TO SIGNING IT. I UNDERSTAND THE AGREEMENT AND HAVE READ IT THROUGHLY.				
Dates of Clinical Experience	to			

Signature: _____ Date: _____

Witnesses: