

Danville Life Saving Crew EMS Event Standby Agreement

		ha	s requested EMS standby	coverage	from the DLSC	for the following event:
Name of Event:						
Type and Nature of Event						
Date/Time of Event (Start):						
(Finish):						
Event Location						
Requestors Name:						
Requestors Phone:						
Type of Service			Dedicated			Non-Dedicated*
time(s) <u>as available.</u> area during the liste	This i d times uarant	unit shal s. This it eed for a	ll remain "in-service" to o ncludes any requests for n any portion of the event. A	inswer all nedical as	emergency call ssistance at this	event(s) during the indicated is within DLSC's coverage event. Continuous coverage not be rotated to the event if
Personnel			ehicles Requested		Equipment/Supplies	
#EMTs:		# BLS A	Ambulances:			
#Medics:		# ALS A	Ambulances:			
		Other \	Vehicles:			
the presence of EMS standby for the even If selecting Non-Dechereby acknowledge continuous coverage directors, members a arising out of any ac	S at a spect, arrandicated as the may rand emet, occur	ecial evaluation of the available of the	vent or community programs is must be made at least the tandby services to the spo of Non-Dedicated service vailable at the event and a harmless from any and all	m. If the anity (30) densoring agas set for grees to hall suits, ac a Sponsori	Requestor wished ays before the segency, the under the above, under told EMS Organ tions, injuries, I	rsigned, Sponsoring Agency, stands and agrees that
Printed Name of Requestor Representative					Title	
				Date		