



Defibrillator (AED) Loan Request

Primary Contact Name:

Note: This person will be responsible for receiving the required training in advance of the event and will be responsible for the AED unit while on loan.

Address:

City:

Postal Code:

Phone:

Email:

Secondary Contact Name:

Backup Contact Phone:

Please request the dates you would like to check out and return the AED unit. Check out and returns are ONLY available Monday to Friday between 7:30 am and 4:30 pm.

Requested Check Out Date:

Requested Return Date:

Event Name:

Event Date (mmm dd, yyyy):

Event Location:

Event Start Time:

Event End Time:

Does the venue have an AED on site? Yes No

Where at the venue will the loaned AED be kept during your event?

Event website, if applicable:

Estimated attendance:

What type of event is the AED for?

Community, school or church

Sport or Athletic

Company

Event with guests at risk of cardiac arrest

Other (please specify):

Please describe why having an AED is important for this event.

Have you received an AED on loan from Dufferin County Paramedic Service before?

Yes

No

How did you hear about Dufferin County Paramedic Services Defibrillator loaner program?

The personal information collected on this form is collected under the authority of the Municipal Act and is used for the purpose of loaning defibrillators (AEDs). Specific questions relating to the Municipal Freedom of Information and Protection Act can be directed to the Chief Paramedic, County of Dufferin at 519-941-2816 x6000.



RELEASE

PARTICIPATION IN THE PUBLIC ACCESS DEFIBRILLATOR LOAN PROGRAM
(INCLUDING BORROWING AN AUTOMATIC EXTERNAL DEFIBRILLATOR)

Dufferin County Paramedic Service, The County of Dufferin

In consideration of The Corporation of the County of Dufferin (the "**County**") permitting me to participate in the Public Access Defibrillator ("**AED**") Loan Program (the "**Program**"), and to borrow an AED, I, for myself, my heirs, executors, administrators, representatives, successors and assigns, hereby:

- (a) Release and discharge the County and its members of Council, directors, officers, employees, servants, agents and contractors (collectively the "**Protected Persons**") from all claims, demands, actions, causes of action, suits and proceedings, whether involving negligence, actions or omissions, or any other basis (collectively the "**Recourses**") for all liabilities, losses, damages (including property damages), injuries (including personal injuries, bodily injuries and death), costs (including legal costs) and expenses, including all effects and consequences thereof, and including all that are not now known or anticipated but which may arise in the future (collectively the "**Harms**"), relating in any way to my participation in the Program;
- (b) Indemnify the County and the Protected Persons against all Recourses by whomsoever made, brought, sustained or prosecuted, for the Harms, relating in any way to my participation in the Program, including my alleged acts or omissions;
- (c) Acknowledge that, for the purpose of making my promise to indemnify the County's Protected Persons enforceable, the County is acting as the agent and trustee for its Protected Persons;
- (d) Acknowledge that I have received training on, and understand, the proper application and use of the borrowed AED;
- (e) Agree, at the County's election, either to assume the defence of every Recourse brought in respect of a Harm, or to cooperate with the County in the defence, including providing the County with prompt written notice of any possible Harm and providing the County with all information and material relevant to the possible Harm;
- (f) Agree to use the AED solely for life saving;
- (g) Agree not to remove the AED from its sealed protective case unless it is required for life saving;
- (h) Waive all rights that I may have against the County and the Protected Persons in respect of all Recourses for the Harms, relating in any way to my participation in the Program;
- (i) Agree not to make, bring, sustain or prosecute any Recourse for any of the Harms, against any other person who might claim contribution or indemnification from the County or any of the Protected Persons, relating in any way to my participation in the Program; and
- (j) Agree that this Release will survive the termination of my participation in the Program.

I HAVE READ THE ABOVE, UNDERSTAND IT AND AGREE TO IT.

(Signature of County of Dufferin)

(Signature of individual participating in the Program)

(Print Name)

(Print Name)

(Date)

(Date)

Address and contact information:

Personal information, as defined under the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, is collected under the authority of the *Municipal Act, 2001*, and in accordance with the provisions of *MFIPPA*. Personal information on this form will be used for the purpose of the public access defibrillator loan program. If you have any questions regarding that program, please contact Dufferin County Paramedic Services at 519-941-9608. If you have questions about the collection, use or disclosure of this information, please contact the County Clerk at 519-941-2816 ext. 2503 or Clerk@dufferincounty.ca