

# **EDGEFIELD COUNTY EMERGENCY MEDICAL SERVICES**

## **THE ESTABLISHMENT OF A POLICY AND PROCEDURE GOVERNING THE PROVISION OF COUNTY OWNED AMBULANCES AND PERSONNEL FOR SPECIAL EVENTS**

### **I. Definitions:**

"Special event" means an event or happening organized by a person or entity which will invite public participation and/or spectators for any event including but not limited to carnivals, circuses, concerts, exhibitions, fairs, festivals, performances, rodeos, athletic games or shows not sponsored by the County.

### **II. Application:**

a) Applications for Special Event Ambulance Service shall be made in writing to the Emergency Medical Services (EMS) Director fifteen (15) days before the date of the event.

b) The services shall be performed on a full cost recovery basis whereby the Emergency Medical Service (EMS) is reimbursed for the ambulance labor and material costs. Fifty percent (50%) of the estimated costs shall be due at the time of application. The balance of the actual shall be due and payable three (3) days before the events end date.

c) The County Administrator or designee will grant final approval of the application.

d) In the event of a denial of the Application, the Applicant shall have the right to appeal to the County Council.

### **III. Fees:**

a) County sponsored event  
No Charge.

b) Non-County sponsored event  
Personnel only (two person minimum)  
Hourly Wage x 2.0. The employee working the event will be paid 1.5 x the their hourly wage and the additional .5 hourly wage will paid to the County for reimbursement for worker's compensation, social security, pension, similar expenses.

### **III. Conditions:**

Indemnification: The Special Event provider shall indemnify and hold harmless the County for and from any and all actions, suits, liabilities, damages, expenses and claims including but not limited to all attorneys' fees, costs, settlements, judgments and other fees arising from any and all acts, omissions, activities, and statements, whether negligent, willful or otherwise, by the Special Event provider, its employees or agents while performing services under this Agreement. This provision shall survive the termination of this Agreement.

**AUTHORIZATION OF APPLICANT**

I have reviewed the application and know the contents thereof to be true. I represent and warrant that I have the lawful authority and authorization to execute this application and indemnity agreement for and on behalf of the applying entity. I have reviewed the conditions of the County hereby agree to the terms set forth therein.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	
Printed Name: _____	Date: _____
Title: _____	
Signature for Approval: _____	
Signature for Denial: _____	

**CONTACT INFORMATION**

Name and Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**DESCRIPTION OF EVENT**

Name and Description of Event: \_\_\_\_\_  
\_\_\_\_\_

Location of Event: (Please attach a map)  
\_\_\_\_\_  
\_\_\_\_\_

Date and Times of Event:  
\_\_\_\_\_  
\_\_\_\_\_

Expected Number of People Present:  
\_\_\_\_\_