

Dedicated Standby Emergency Medical Services Contract

This Dedicated Standby Emergency Medical Services Contract (“Agreement”) is entered into by and between:

Service Provider:

Frazee Rescue (City of Frazee)
222 Main Avenue West
Frazee, MN 56544
Phone: 218-334-6375
Email: Frazee.Rescue@frazeecity.com

and

Requesting Organization:

Organization Name: _____
Address: _____
City, State, ZIP: _____

1. Purpose of Agreement

This Agreement is for the provision of **Dedicated Standby Emergency Medical Services** by Frazee Rescue (City of Frazee) for the event or activity described below. Dedicated standby services consist of having Frazee Rescue personnel and equipment available on-site during the agreed-upon time frame.

2. Event / Standby Details

- **Event or Activity Name:** _____
- **Event Date:** ___/___/_____
- **Is your event conditional on medical staff being on scene?** Y / N
- **Standby Time Range:** From _____ (AM/PM) to _____ (AM/PM)
- **Event Location:** _____

3. Description of Services Requested

The Requesting Organization shall describe the nature of the event and the services needed from Frazee Rescue:

4. Fees and Payment

- The fee for Dedicated Standby services is **\$150 per hour**.
- Additional hours beyond the scheduled time will be billed at **\$150 per hour**.
- Availability for additional hours **is not guaranteed** unless requested and approved in advance.

Billing for services will be invoiced **after the event** by the **City of Frazee**.

5. Staffing and Emergency Response Priority

Frazee Rescue personnel assigned to a dedicated standby remain part of the community's emergency response system. In the event of a **life-threatening emergency** elsewhere requiring immediate response, Frazee Rescue personnel **may be required to leave the dedicated standby** to respond to that incident.

Frazee Rescue will make reasonable efforts to minimize disruption; however, public safety and life-threatening emergencies shall take priority.

6. Requesting Organization Contact Information

The Requesting Organization shall provide the following primary contact information:

- **Primary Contact Name:** _____
- **Title/Role:** _____
- **Phone Number:** _____
- **Email Address:** _____

7. General Terms

- This Agreement does not guarantee patient transport or advanced care beyond the scope of standard **Frazeo Rescue** operations.
 - The Requesting Organization agrees to provide reasonable access, space, and cooperation necessary for **Frazeo Rescue** operations.
 - This Agreement constitutes the entire understanding between the parties regarding dedicated standby services for the event listed.
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8. Acceptance and Signatures

By signing below, both parties acknowledge and agree to the terms of this Agreement.

For the Requesting Organization:

Name: _____

Title: _____

Signature: _____

Date: _____

For Frazeo Rescue (City of Frazeo):

Name: _____

Title: _____

Signature: _____

Date: _____