

Medical Service Agreement for Emergency Medical Services

Date: [Insert Date]

Parties:

This Agreement is made between:

[Name of Service Provider]

[Address of Service Provider]

(hereinafter referred to as "Service Provider")

and

[Name of Client]

[Address of Client]

(hereinafter referred to as "Client")

1. Services Provided

The Service Provider agrees to provide emergency medical services as described herein:

- 24/7 availability for emergency response
- On-site medical evaluation and treatment
- Transportation to medical facilities as needed

2. Compensation

Client agrees to compensate the Service Provider as follows:

[Insert Compensation Terms]

3. Term and Termination

This Agreement shall commence on the date above and continue until terminated by either party with [insert notice period] written notice.

4. Liability

The Service Provider shall not be liable for any indirect or consequential damages arising out of this Agreement.

5. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of [Insert State/Country].

IN WITNESS WHEREOF

The parties hereto have executed this Medical Service Agreement as of the date first above written.

[Name of Service Provider]

Title: _____

[Name of Client]

Title: _____