



CONSENT FOR INDIVIDUALS FOR PARTICIPATION AS AN OBSERVER

I understand that I have been selected to participate as an observer withint Infirmary Health System or one of its Affiliates (“Facility”). I understand that, in participating as such an observer, I will be exposed to the normal risks of any hospital visitor, as well as possible additional risks that arise because I will be in patient care areas and observing patient care.

I understand and agree that I waive, for myself and any personal representatives, heirs and/or assigns, any and all claims, including any negligence claims which I might have against the Facility, or its agents or representatives, in any way arising from or relating to my participation as an observer within the Facility, except for claims arising out of the negligence or reckless or willful misconduct of the Facility or its agents or its representatives. I hereby agree that I will not sue the Facility on behalf of myself and release the Facility from any claims I may have against it except for gross negligence or willful or reckless misconduct on the part of the Facility, its trustees, officers, agents, and employees.

In the event of exposure to blood or other bodily fluids from a patient who is a carrier of a contagious or infectious disease, the Facility shall, with my consent, administer immediate precautionary treatment to me that is consistent with current medical practice without any further consent from me. I shall pay for the initial screening tests or prophylactic medical treatments should the need arise. The Facility shall have no responsibility for any further diagnosis, medication or treatment and I acknowledge and assume the risk of observing or being in the immediate presence of patients at risk of carrying a contagious or infectious disease.

I certify that I have no known physical or mental illness or condition, including any contagious disease, which could be detrimental to the welfare or interfere with the care of any of the Facility’s patients or staff. I certify that I am currently covered by health care insurance or Medicaid and that it shall remain in effect through the end of my participation as an observer it the Facility.

I understand that the Facility will not provide transportation or meals for me while I participate as an observer in the Facility and that all such expenses must be borne by me.

I understand that the Facility does not view this observational experience as an educational record and I will be given no confidentiality considerations under the Family Educational Rights and Privacy Act (“FERPA”).

I will wear appropriate attire as required by the Facility. Participants may not wear open toe shoes, sleeveless shirts, jeans, exposed midriffs, heavy perfume or cologne, dangling jewelry, or jewelry in tongue or face piercings. I will not be permitted to remain at the Facility unless dressed appropriately.

By signing this form, I agree that I have read this form and understands and agrees to its terms. I give my full consent to my participation as an observer at the Facility.

Observer:

Print Name

Signature of Observer

Date

Street Address

City/State/Zip

Date of Birth

Name of School