

WAIVER & RELEASE OF LIABILITY

I, the undersigned, _____, agree to participate

PRINT FIRST AND LAST NAME

in a job shadowing experience provided by Southern Illinois Hospital Services. Job shadowing work experience is a temporary, unpaid exposure to the healthcare workplace and is entirely voluntary. I hereby acknowledge that by attending and participating in the job shadowing experience that I am fully aware of the possibility of physical illness or serious/fatal injury, including, but not limited to, exposure to bloodborne pathogens and other potentially infectious materials, and I knowingly assume any and all risks associated with the job shadowing experience. I do hereby for myself, my personal representatives, heirs, assigns, and all others who might have a similar claim, waive, release and forever discharge any and all rights, claims and liabilities for injury whether from exposure during the job shadowing experience or otherwise and whether foreseen or unforeseen, known or unknown, which may arise now or in the future against Southern Illinois Hospital Services, its owners, administrators, officers, agents or representatives, for any and all damages which I may sustain or suffer while attending and participating in the job shadowing experience. I agree not to sue Southern Illinois Hospital Services for any of the claims and liabilities that I have waived, released or discharged herein; and I indemnify and hold harmless Southern Illinois Hospital Services from any claims made or liabilities assessed against them as a result of my actions.

I have provided to Southern Illinois Hospital Services proof of medical insurance covering myself for any injury that may occur during the job shadowing experience and fully understand that I am solely responsible for any and all medical expenses that are not covered or paid for by my medical insurer.

I further state that I have carefully read the foregoing Waiver and Release of Liability, know the contents thereof, and agree to sign this Waiver and Release of Liability as my own free act and deed.

Date: _____

Participant

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