

WAIVER OF LIABILITY

Job Shadowing Program

1. In consideration for being given the opportunity to participate, I, on behalf of myself and my representatives, heirs, executors, guardians and administrators, do hereby absolutely, fully and forever release, relieve, waive, relinquish and discharge St. Luke's Hospital, its physicians, employees, representatives, administrators, successors, officers, directors, and affiliates from any and all actions or causes of action, actual or alleged claims, judgments, demands, debts, liability, damages, which I may now have claim to have, or which may involve or be related to my participation in the St. Luke's Job Shadowing Program.
2. I understand that my activities at St. Luke's Hospital are strictly limited to that of Observer, that I will receive no wages or financial remuneration, and that I will not perform any direct patient care.
3. I agree to abide by all policies, practices, procedures and regulations of St. Luke's Hospital.
4. I understand that as a participant, I may be exposed to patient care information during the Job Shadowing Program. This confidential information, whether in written, verbal, or electronic form, is to be maintained in compliance with applicable legal (HIPAA/HITECH) and ethical standards and may not be shared with anyone.
5. I understand and agree that St. Luke's Hospital can cancel this agreement at any time for reasons of health, unacceptable performance, or other causes at Hospital's sole discretion.

Signatures:

Job Shadow Participant

Date

Parent / Legal Guardian (if Participant under 18)

Date