



**STUDENT/FACULTY ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

**Read this Acknowledgement of Risk and Waiver of Liability Form carefully and in its entirety. It is a binding legal document.**

This Acknowledgment of Risk and Waiver of Liability Form applies to students, faculty members, preceptors or other persons participating at Hospital for Special Care (“HFSC”) or on its premises as part of a health care professional training program, clinical rotation, curriculum requirement, internship, observation/shadowing experience, or any other program or event for clinical or professional instruction.

In consideration of my participation in education and training activities at HFSC, I WILL COMPLETELY AND UNCONDITIONALLY RELEASE, WAIVE, HOLD HARMLESS, FOREVER DISCHARGE AND PROMISE NOT TO SUE HFSC and its affiliates, and their respective directors, officers, employees, volunteers and agents and any owners/lessors of the premises (hereafter collectively referred to as the “Releasees”) with respect to any and all liability, claim, injury, disability, loss or damage to person or property, and any other causes of action whatsoever arising out of my participation in such activities at HFSC. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind myself, my spouse and family members, and my estate, heirs and assigns.

I understand and agree that my participation in clinical training and education activities, which may involve direct interaction with patients/families, exposure to illness or infectious substances, and the use of HFSC’s facilities and equipment, is completely voluntary and AT MY OWN RISK and that there is absolutely NO GUARANTEE OF MY SAFETY. I acknowledge that participation and use of HFSC’s facilities and equipment involves certain inherent risks, dangers and hazards that may not be foreseeable or can result in serious personal injury, or illness (up to an including long-term permanent effects or even death). I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PERSONAL INJURIES AND/OR DAMAGE TO MY PERSONAL PROPERTY as a result of my participation, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I further understand that HFSC makes NO GUARANTEES, WARRANTIES OR OTHER PROMISES, expressed or implied, and that the use of HFSC’s equipment, public areas and facilities is AS IS.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK, I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I WILL BE GIVING UP RIGHTS BY SIGNING THIS AGREEMENT, AND I AM SIGNING IT FREELY AND VOLUNTARILY.

By: \_\_\_\_\_  
Signature Date

Print Name \_\_\_\_\_ School \_\_\_\_\_

Dates of Participation \_\_\_\_\_