

I, _____, wishing to participate in an educational experience at Miami Valley Hospital, Atrium Medical Center, and/or Upper Valley Medical Center (collectively the “hospital”) hereby acknowledge that the hospital has implemented certain policies, procedures, and processes to protect its workers, patients, visitors, and volunteers from the acquisition and spread of COVID-19. To this extent, I agree to follow all hospital policies, procedures, and process as well as any Center of Disease Control (CDC) and local public health guidelines to reduce the likelihood of acquiring or spreading of COVID-19.

I attest that I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19 and will not participate in an educational experience if I have been exposed to such individual for fourteen (14) days after the exposure and am not experiencing or have not within the past fourteen (14) days experienced COVID-19 symptoms. I also attest that I have not been diagnosed with COVID-19 and not yet cleared as noncontagious by a physician. I attest that the following will remain true for the duration of my educational experience with hospital.

I understand that I will be screened for COVID-19 symptoms upon arrival to the hospital. I agree to utilize a mask that has been provided to me or approved for use if brought from home. I agree to use proper hand hygiene which includes washing or sanitizing my hands after using the restroom, sneezing, coughing, and regularly throughout the day.

Assumption of Risk and Waiver of Liability

I acknowledge that I have voluntarily applied to the hospital’s educational experience program. I understand that there is no compensation or direct medical health coverage afforded to me during my relationship with the hospital and the hospital is not responsible for any potential exposure to COVID-19. Due to the nature of COVID-19, I understand that even if I follow all policies, procedures, and processes I still may be exposed to COVID-19 and I may acquire COVID-19 through my participation in a program at hospital.

I fully understand and appreciate the risks that are inherent to my activities at the hospital, including but not limited to the risk of exposure to COVID-19. I hereby assume the risk of bodily injury, illness, and death resulting from my activities even if resulting from the negligence of the hospital or its employees, volunteers, patients, or visitors. I understand that certain inherent factors may make me more susceptible to acquiring COVID-19 or may increase the likelihood of severe symptoms including death if I contract COVID-19, and I have taken such factors into consideration and discussed any concerns with my physician(s) prior to participating in an educational experience at the hospital.

I hereby release, discharge and agree to indemnify and hold the hospital harmless from, and waive on behalf of myself, my heirs and successors, any and all causes of action, claims, demands, damage, costs, expenses and compensation or loss to myself that may be caused by any act, or failure to act of the hospital, or that may otherwise arise in any way in connection with any activities with, or at hospital.

I understand that this release discharges the hospital from any liability or claim that I may have against hospital with respect to any bodily injury, illness, or death that may arise from or in connection with my educational activities.

This liability waiver and release extends to the hospital together with all its Board of Directors, all parent or member entities and their Board of Directors, all affiliated entities and their Board of Directors, and employees.

By signing below, I voluntarily agree to comply with the written instructions above and the assumption of risk and waiver of liability. Failure to comply with these written instructions or verbal instructions from staff may result in my privileges being removed and I may be asked to leave the premises.

Name of Participant (typed or printed)

Signature of Participant

Date

Name of Parent/Guardian (if participant is under 18)

Signature of Parent/Guardian

Date