Emory Healthcare
Release and Waiver of Liability

I, ______________________________, wish to participate in the unpaid internship program and observe the activities of the _______________________ clinical service at Emory Healthcare from - ________________ to ________________ in furtherance of my personal, educational goals.

I understand that I will not be allowed to perform any clinical activities or other work, to include the touching of any patient, documenting on any medical record, scrubbing in the OR, and advising of care providers or patients. I further understand that I will be under the supervision of ________________________.

I understand I am not to be involved in the provision of patient care or in a patient care area without my assigned sponsor being present with me.

I understand that if I breach this agreement, it will result in immediate termination of my internship.

I understand that even though I will only be observing or assisting in _______________________ clinical services I may be exposed to certain risk of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, biological waste, and dangerous chemicals. I am aware of these risks and voluntarily assume these risks.

For and in consideration of Emory Healthcare, allowing me to observe the activities of the _______________________ clinical services to further my educational goals, I hereby release and forever discharge Emory Healthcare and its officers, agents and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, those specific risks enumerated above. In addition, I understand and take sole responsibility for any personal belongings I bring with me to Emory.

I have read this document carefully and I voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

_____________________________   _____________________________    ______________
(Print) Observer Name                           Signature                                                   Date

_____________________________   _____________________________    ______________
(Print) Witness Name                             Signature                                                   Date