

NON-KUMC STUDENT OBSERVATION AND RELEASE AGREEMENT

In consideration of the fact that the University of Kansas Medical Center has agreed to allow me/my child or ward to be on its premises for a shadowing/observation/work experience, (the experience), between the dates of _____, 200_ through _____, 200_, I agree to the following terms and conditions required for the experience.

I agree that, at all times relevant to my presence on the KUMC campus, I will be covered by a privately purchased and effective health insurance policy covering me.

I agree that I shall complete KUMC's required HIPAA training, regarding patient confidentiality obligations, before being allowed to participate in the experience.

I agree that, if KUMC determines that I may have any contact with patients or animals, I will be required to provide proof that the following immunizations are current: Tetanus-Diphtheria, Polio, MMR, Hepatitis B, Varicella, and annual TB screening.

I understand that the experience may involve risks of injuries or health exposures and I agree that participation in the experience and risks are being voluntarily assumed.

I agree that KUMC is hereby released from any and all liability related, directly or indirectly, to the shadowing/observation experience and that I agree to hold KUMC and its employees and agents harmless from any and all liability, causes of action, or other claims related to the student's participation in the experience.

_____ Dated: _____ Dated: _____
Student Signature Signature of Parent/Guardian
(If student is under 18 years of age)

Printed Student Name

(Street Address)

(City) (Zip Code)

_____ Dated: _____
Responsible Department Representative

(Telephone Number)