



**RELEASE OF LIABILITY, ASSUMPTION OF RISK,
AND CONFIDENTIALITY AGREEMENT**

Name of Participant: _____

Name of Event: _____

Name of QHS/Affiliate Host: _____

QHS/Affiliate Host's Contact Phone No.: _____

Location of Event: _____

Date & Time of Event: _____

I, _____, have asked to participate in the event at the facility, stated above, within The Queen's Health System or its affiliate (collectively "Queen's"), and hereby understand and agree to the terms below. In addition, I agree to observe and obey all laws, policies, and rules of Queen's and I will follow oral/written instructions and directions given to me by the employees or agents of Queen's.

I, on behalf of myself, my heirs, assigns, personal representatives and next of kin hereby agree to release, indemnify, discharge and hold harmless Queen's, and Queen's employees, directors, officers, trustees, agents, volunteers, sponsors, medical staff and employees from and against any and all claims, liability or causes of action, accident, loss of property, damages, personal injury and death related to, or arising out of, directly or indirectly, my attendance or participation in the event whether or not arising out of the negligence of Queen's. This includes without limitation, attorneys' fees, asserted in connection with my use of and entry onto Queen's property ("Property") and participation in any activities on Property, including but not limited to, any injuries to myself or others, and for any property damage whatsoever in connection with my activities on Property or related to Queen's. I will be responsible for my own property and belongings, and will not bring any valuables to the facility.

I understand that even though I will be observing and/or participating in activities during the event at the location designated above, I may be exposed to certain inherent hazards and risks associated with the event which may result in accident, loss, damage, or serious personal bodily injury or death and other dangers, including but not limited to, exposure to blood borne pathogens, infectious diseases (including COVID-19), biological waste, and dangerous chemicals. In addition, I am aware and agree to assume responsibility for all such risks such as any illness, damages or injury which I may sustain as a result of participating in the event, including any and all medical expenses that may result from such illness or injury.

I will hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff and not seek to obtain confidential information from a patient. In addition, I will not disclose or discuss any confidential information with others, including family, friends or other employees, who do not have a need to know. I understand that confidential information may only be released to individuals outside the hospital by authorized Queen's



employees. I understand that if I allow or participate in the inappropriate access/use or release of confidential information I may be subject to corrective action.

I attest that I am in good physical health, and I do not have any illness, medical conditions, or physical restrictions/limitations that would impact my ability to participate in this event. If there are any conditions that may impact my ability to perform any tasks, duties, or activities relating to this event at any time, I will be responsible for notifying the QHS/Affiliate Host immediately.

Consent For Photo, Video or Audio Recording:

I understand that photographs, video, and audio recordings may be made during this event. By signing this form, I consent to being photographed and/or recorded in any manner and authorize Queen's to make unlimited use of reproductions. Reproductions may be used for, but are not limited to, print media, radio or television broadcast. I will not receive monetary compensation for participating in the event or having my likeness, voice or activities reproduced and used. I release Queen's from any claims that may result from the use of such reproductions for now and in the future. If you do not provide consent to be photographed and/or recorded, please indicate your decision in the designated space below:

- I do not provide consent to be photographed or recorded.
(Please notify the appropriate QHS/Affiliate Host)

By signing this agreement, I am stating I have carefully read and understood this RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND CONFIDENTIALITY AGREEMENT, and voluntarily agree to all of its terms stated above.

Printed Name of Participant:

Date:

Signature:

Phone:

Email:

Address:

PARENT/GUARDIAN MUST SIGN NEXT PAGE IN ORDER FOR PARTICIPANT TO ATTEND EVENT:

(to be completed if student is under 18 years of age)



THE QUEEN'S HEALTH SYSTEM

1301 Punchbowl Street ▪ Honolulu, HI 96813 ▪ Ph: 808-691-5900 ▪ Fax: 808-691-7887 ▪ www.queens.org

I am the parent or legal guardian of the child named above. I hereby give permission for him/her to participate in the on-campus site visit and agree to the terms listed above.

Printed Name of Parent/Legal Guardian: _____

Date: _____

Signature of Parent / Legal Guardian: _____

Parent / Legal Guardian Phone: _____

Parent / Legal Guardian Email: _____

Parent / Legal Guardian Address: _____