



THE QUEEN'S HEALTH SYSTEMS

RELEASE OF LIABILITY

EXTERNSHIP/INTERNSHIP PROGRAM

Name of Intern/Extern: _____

Name of QHS/Affiliate: _____

Location of Assignment: _____

Location Address: _____

I, _____, have asked to participate in the Externship/Internship Program of The Queen's Health Systems ("QHS"), or its affiliate, and hereby understand and agree to the terms below.

I understand that as part of my participation in the QHS Externship/Internship Program, I may be exposed to certain risks of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, infectious diseases (including COVID-19), biological waste, and dangerous chemicals. I am aware of these risks and knowingly assume all such risks.

I agree to assume responsibility for any illness, damages or injury which I may sustain as a result of participating in the Externship/Internship Program, including any and all medical expenses that may result from such illness or injury.

For and in consideration of being allowed to participate in the Externship/Internship Program, I hereby release and discharge QHS and its affiliates, and their directors, officers, trustees, agents, medical staff and employees from any and all claims, liability or causes of action related to, or arising out of, directly or indirectly, my QHS Externship/Internship experience.

Signature: _____

Date: _____

If Participant is under the age of 18:

Printed Name of Parent/Legal Guardian: _____

Signature of Parent / Legal Guardian: _____

Date: _____