

WAIVER OF LIABILITY & HOLD HARMLESS AGREEMENT

Name and description of program & clinical/fieldwork experience or on campus lab:

Please read this carefully. I understand that I am at risk of contracting a communicable or infectious disease while participating in my clinical/fieldwork rotation or on campus lab. By choosing to participate in your clinical/fieldwork rotation or on campus lab during the period designated above, I assume the risk of contracting a communicable or infectious disease from the employees, patients, or other users of the facility; employees, students or other users of NMC's campus; and other sources.

In addition, I acknowledge that Nebraska Methodist College cannot guarantee that students, who leave clinical/fieldwork rotations early, either voluntarily or at the decision of the facility, will be able to progress academically or graduate from their program on schedule. We are actively pursuing alternatives to the replace the loss of these degree requirements resulting from the coronavirus/COVID-19 pandemic. We will respect your decision about whether to continue in your clinical/fieldwork rotation, and we will support you in every way that we can going forward. This waiver affects any rights you may have if you are injured or otherwise suffer damages while participating in program/clinical experience you have chosen.

WHEREAS I, (indicate full name) _____ desire to participate in a program clinical experience or on campus lab ("Experience") specified above and I understand that in consideration for my being permitted to participate in said Experience, I do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, acknowledge and assume the risk of participation in the Experience, and do hereby RELEASE AND FOREVER DISCHARGE the Nebraska Methodist Health System, Inc., Nebraska Methodist College, and its officers, directors, faculty or employees, (herein after referred to as "Releases") whether accompanying said Experience or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to me or my property or on account of my death which may occur from any cause during the said Experience, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodied or persons on account of any and all such claims, demands, actions or causes of action.

I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in said Experience.


I acknowledge and understand it is my responsibility to complete the **NMC Campus Health Self-Screening Log** as directed by my program. I agree to follow the health and safety guidelines for self-screening set Methodist Health System, Nebraska Methodist College and the clinical/fieldwork facility. **If I feel ill at all, I will not go to the facility or campus.** I will not risk my health and safety or that of my classmates, faculty, staff, co-workers and patients if I am sick. I will stay home and contact Campus Health or my health care provider by phone. I understand that I am solely responsible for paying the costs of any medical treatment I may need because of my participation in the above clinical/fieldwork rotation or on campus lab experience, including any out-of-pocket expenses and/or co-pays; regardless of the reason, such medical treatment was needed.

IN SIGNING THIS RELEASE I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least nineteen (19) years of age and fully competent (if not nineteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Participant's Printed Name

Signature – MUST BE SIGNED

Date

(Click on  to add signature and choose "Draw" to sign using mouse. Make sure to save your document before uploading.)