



Job Shadowing Authorization/Release of Liability

I certify that all information contained in this request for job shadowing is true to the best of my knowledge and belief. I agree that any misleading or false statements would render this request void and would be sufficient cause for immediately disapproval of my request or subsequent removal from the Job Shadowing Program.

I certify that I have reviewed the Job Shadow Program Overview and agree to abide by all standards and expectations contained in the overview.

If accepted into the Job Shadowing Program, I shall and do hereby agree to indemnify and save St. Mary's Medical Center, its directors, officers, employees, agents, servants, successors, and assigns harmless from any and all claims, demands, causes of action, liability damages, or loss, including reasonable attorneys fees and defense costs, which St. Mary's Medical Center may at any time sustain or incur by reason of any act or omission to act arising out of or related to my participation in the Job Shadowing Program.

Participant's Printed Name

Participant's Signature

Date

If under 18 years of age, signature of parent or legal guardian is required.

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date

Witness

Date