FILLMORE COUNTY HOSPITAL

Job Shadowing Agreement and Release Form

I, (Student)_____, wish to participate in the job shadow program at Fillmore County Hospital.

As a job shadowing program participant, I understand that I am not to be involved in the providing of patient care or in a patient care area without my assigned sponsor or his/her representative being present and if I breach this agreement, it may result in immediate termination of my job shadow assignment.

- I have received and am current on the following vaccinations:
  - DPT/TDap
  - Influenza (flu shot)
  - Hepatitis B
  - Inactivated Poliovirus
  - MMR
  - Varicella

- I understand that even thought I will only be observing I may be exposed to certain risk of bodily injury or other dangers, including but not limited to, exposure to blood borne pathogens, biological waste, and dangerous chemicals.
- I am aware of these risks and voluntarily assume these risks. For and in consideration of Fillmore County Hospital, allowing me to observe the activities of the hospital to further my education goals.
- I hereby release and forever discharge Fillmore County Hospital and its officers and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my observation activities, including but not limited to, those specific risks itemized above.
- In addition, I understand and take sole responsibility for any personal belongings I bring with me to Fillmore County Hospital.
- I authorize the staff at Fillmore County Hospital to provide medical treatment in the case of an emergency.

I have read this document carefully and I voluntarily choose to participate in the activities described herein.

Student Name Printed	Student Signature	Date
Parent or Guardian Name Printed	Parent or Guardian Signature *Required if Student is not 18 years of age*	Date
Sponsor Name Printed	Sponsor Signature	Date