

## STUDENT ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

I, the undersigned, desire to participate in clinical rotations at Maury Regional Hospital d/b/a Maury Regional Medical Center ("MRMC"), Maury Regional Hospital d/b/a Marshall Medical Center ("MMC") or Maury Regional Hospital d/b/a Wayne Medical Center ("WMC") (collectively, "MRH") as part of my educational program in my sole discretion. While in no way limiting the foregoing, I specifically acknowledge and agree as follows:

1. My participation in clinical rotations may result in my exposure to and/or contraction of infectious diseases (including but not limited to COVID-19). I acknowledge that my willingness to participate in clinical rotations at MRH is a completely voluntary action in all respects and I assume, on behalf of myself, my family and all third parties, any and all risks (including but not limited to serious illness, death, monetary damages, and any other loss) associated with my exposure to and/or contraction of any and all infectious diseases while participating in clinical rotations at MRH. I acknowledge that I am personally responsible for my own safety and actions while participating in any clinical rotation or related educational activity.
2. The Centers for Disease Control has recognized that certain individuals are at increased risk for a poor outcome if they contract COVID-19, as well as other infectious diseases, including but not limited to individuals who are (i) over the age of 65, (ii) immunocompromised, (iii) have COPD, (iv) have congestive heart failure, (v) have diabetes or (v) are pregnant. I acknowledge that I have been advised of these elevated risk categories and I assume all consequences which may result if I am a member of an elevated risk category and choose to in clinical rotations at MRH.
3. With full awareness and appreciation of the risks, I agree on behalf of myself, my family, and my personal representatives, to release, indemnify, defend and hold Maury Regional Hospital and its affiliated entities (including but not limited to MRMC, MMC and WMC), their governing Board members, officers, employees, and agents harmless from and against all claims, damages or losses of whatever nature, that arise out of or in connection with my exposure to and/or contraction of an infectious disease, including but not limited to COVID-19, while performing clinical rotations at MRH. I agree the provisions herein are reasonable and enforceable. If any portion or provision of this document is determined to be invalid, or unenforceable, the remainder shall not be affected by such determination and shall be valid and enforceable to the fullest extent permitted by law.
4. In the event of an emergency, I authorize any physician and/or medical personnel to provide any treatment deemed necessary for my immediate care and agree that I will be responsible for the payment of any and all medical services so rendered to me or on my behalf.
5. This Acknowledgement and Release of Liability shall be effective from the date indicated below and remain effective indefinitely or until such date that written revocation is provided by me. Upon my revocation of this Acknowledgement and Release of Liability, I shall no longer be permitted to participate in clinical rotations at MRH.

I have read and fully understand this Acknowledgement and Release of Liability as set forth above.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

6/2021