



GENERAL RELEASE OF LIABILITY

For and in consideration of my being allowed to participate in the Job Shadowing program at Boundary Community Hospital, I do hereby release the Boundary Community Hospital, a political subdivision of the State of Idaho, and any and all other officers, employees, volunteers, agents, insurers and any elected or appointed officials of said Boundary Community Hospital, individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of my participation in such event.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me participating in this event, and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release the Boundary Community Hospital and any and all elected or appointed officials of said Boundary Community Hospital, and all officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am participating in said event in any way, including my coming and going from and away from the site.

I have read the foregoing and understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

DATED this _____ day of _____, 20____.

PARTICIPANT:

(Signature)

Printed Name: _____

PARENT OR GUARDIAN'S AUTHORIZATION AND RELEASE FOR MINOR

I, _____ (*full name of parent*), am the parent or lawful guardian of _____ (*full name of minor*), who has signed the general release of liability attached hereto. I authorize _____ (*full name of minor*), to participate in this program with full knowledge of the terms set forth in said release and join in said release as though I executed it myself. I understand that the terms of this agreement are contractually and legally binding upon me and the minor person who I have authorized to participate in this program and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

DATED this _____ day of _____, 20_____.

Signature of Parent or Guardian