

## **Minor Liability Waiver**

### Parent or Legal Guardian

You are required to read the following information very carefully. Make sure that you understand it fully and sign it before allowing your child to participate in this activity or program.

I, \_\_\_\_\_, am fully aware that participation in an Observership Program at Virtua Health, Inc., may result in risk of personal injury to my child, \_\_\_\_\_. I hereby agree to release and hold harmless Virtua Health, Inc., its officers, employees, committees and boards, from and against all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury to the extent permissible by law.

I understand that my child will not be allowed to perform any clinical activities or other work, to include the touching of any patient, documenting on any medical record, or advising care providers or patients.

I understand that my child will not be in any patient care area without supervision.

I understand that even though my child will only be observing activities during his/her Observership, he/she may be exposed to certain risk of bodily injury and 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 on behalf of my child.

I UNDERSTAND THAT IF MY CHILD IS INJURED IN THE COURSE OF THE OBSERVERSHIP, HE/SHE IS NOT COVERED BY VIRTUA'S WORKERS' COMPENSATION PROGRAM. I authorize Virtua to assist my child in seeking emergency medical treatment on his/her behalf in case of injury, accident or illness to my child arising from my involvement as an Observer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury. I certify that I carry valid and current health insurance that will cover medical services that might be necessary due to accidents, illnesses or injuries my child may face while participating in the Observership. I agree that my child will not be permitted to participate in the Observership should I become uninsured.

For and in consideration of Virtua allowing my child to participate in the Observership to further his/her educational goals, I hereby release and forever discharge Virtua, and its officers, agents, 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 unknowns, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my child's Observership, including but not limited to, those specific risks enumerated above.

I have read this document carefully and I voluntarily choose to allow my child to participate in the activities described herein. I hereby certify that I have the legal authority to sign on behalf of my child, and I am signing this document with full knowledge of its significance.

**Parent Signature**\_\_\_\_\_

**Date**\_\_\_\_\_