



**OBSERVERSHIP  
PARENT RELEASE AND INDEMNIFICATION AGREEMENT**

Participant: (First & Last Name and Address)

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

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I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and I am fully competent to sign this Agreement. I understand that the Participant has been selected to participate in the Science Scholars Program (the "Program"), an educational observership program at Maimonides Medical Center (the "Medical Center") and I give permission for Participant to participate in the Program. I understand and acknowledge that in participating in the Program, the Participant will be exposed to the normal risks of any hospital visitor as well as possible additional risks that arise because Participant will be in patient care areas, including procedure or operating rooms, and observing patient care.

In the event of exposure to blood or other bodily fluids from a patient who is a carrier of a contagious or infectious disease or a patient who is, in the judgment of the Medical Center, at risk of carrying a contagious or infectious disease, the Medical Center may administer immediate precautionary treatment to Participant consistent with current medical practice without any further consent from me. I agree that I am financially responsible for any initial screening tests or prophylactic medical treatments should the need arise. The Medical Center shall have no responsibility for any further diagnosis, medication or treatment and I acknowledge and assume the risk of Participant observing or being in the immediate presence of patients at risk of carrying a contagious or infectious disease.

In consideration of Participant being permitted to participate in the Program, I hereby release the Medical Center, its Trustees, officers, employees, volunteers and agents from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Program, even if caused by negligence of the Institution, its trustees, officers, employees, volunteers or agents. I further agree to indemnify and hold harmless the Institution and its trustees, officers, employees, and representatives from liability for the injury or death of any persons and damage to property that may result from Participant's negligent or intentional acts or omissions while participating in the referenced Activity.

<hr/> <div>Parent/Legal Gaurdian's Signature</div> <hr/> <div>Print First &amp; Last Name</div>	<div>Address &amp; Phone Number:</div> <hr/> <hr/> <hr/>
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