

# GENESYS

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## EMS EDUCATION

### General Release and Agreement

I, \_\_\_\_\_, acknowledge that I have received a copy of, read, understand, and fully agree to all of the terms of the following:

- 1) Genesys Regional Medical Center, Policies and Procedures Student Handbook.
- 2) Harassment and Discrimination Policy
- 3) Student ID Badge and Clinical Uniform agreement
- 4) Learning Resource Policy
- 5) Math and Reading Competency Policy
- 6) Health and Safety Policy
- 7) Confidentiality of Student Information/Records Policy
- 8) Duties to Disabled Student Policy
- 9) Patient Confidentiality Policy
- 10) Health and Infection Control Policy

In addition, by signing this release, I acknowledge that I will be permitted to participate in the hospital care of patients, and accompany pre-hospital clinical agencies contracted through the EMS Education Program offered by GRMC in delivering emergency care to patients as an EMS Student. I acknowledge that my participation in this training program does not in anyway create an employee/employer relationship between GRMC and myself, and GRMC will not in any way be held responsible for my actions, or for any injury, disease, or damages that might result to my person while participating in the educational program or clinical training.

I have been informed that accompanying Emergency Medical Service personnel could result in my death, injury to my person, exposure to blood borne pathogens, or damage to my personal property.

Nevertheless, on behalf of myself, my heirs, administrators, executors, and assigns, I do hereby request that I participate in this training, and in consideration for being allowed to do so, I hereby, **RELEASE AND FOREVER DISCHARGE** Genesys Regional Medical Center, its officers, agents, clinical preceptors and clinical agencies or facilities and employees from all damages or causes of action, which I may have, or which may accrue to me, my heirs, administrators, executors, or assignees as a result of my participation.

I have read all the foregoing statements and hereby fully realize that I am signing a complete and total release, which bars any and all claims that I may have resulting from my participation in this training program.

Name (print): \_\_\_\_\_ SUID#: \_\_\_\_\_

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

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