

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

I hereby release Memorial Hospital of Laramie County d/b/a Cheyenne Regional Medical Center ("HOSPITAL") for claims, expenses, damages, or liability for personal injury or damage to property, real or personal, that I may have or hereafter acquire, directly or indirectly, from the acts of HOSPITAL, its officers, boards, employees, faculty, students, interns, participants, medical staff, agents, and/or volunteers. I understand that my role at HOSPITAL will be to participate in the cooperative education program, which will include some patient treatment and care; provided, however my participation in any patient treatment and care will be subject to the agreement and consent of HOSPITAL, the patient and any applicable attending physician. Further, I understanding that I shall perform only those tasks delegated to me by HOSPITAL staff and/or the applicable attending physician. I further understand that I shall have no right of recourse, whether such right is one of due process or otherwise, against HOSPITAL in the event that HOSPITAL or my school terminate the Cooperative Education Agreement, which sets for the terms of my cooperative education experience at HOSPITAL, for whatever reason or in the event that HOSPITAL prohibits me from being present at HOSPITAL's facilities or from performing any services at HOSPTIAL. In addition, I acknowledge and agree that I am solely responsible for my own personal health insurance coverage throughout my cooperative education experience at HOSPITAL, and I acknowledge and agree that I am solely responsible for all medical expenses incurred during my cooperative education experience at HOSPITAL.

I am fully aware of risks and hazards connected with being on the premises and participating in the educational program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the program, and I hereby elect to voluntarily participate in the program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss of damage to property owned by me, as a result of my being a participant in the program, whether caused by the negligence of releases or otherwise.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent or Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature (If participant is under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Program/ School/ Affiliation (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_