

Student Participation Form

In exchange for the educational opportunity to observe operations/activities as part of a tour and/or clinical rotation at a designated University Health location, I freely and voluntarily, without duress, agree to comply with the following terms:

- Status.** Students participating in an Educational Program, which includes observing operations/activities as part of a clinical rotation at University Health or any of its facilities (Educational Program). The Educational Program is solely for educational, civil, charitable or humanitarian purposes and Student will not engage in any direct patient care at University Health or its facilities.
- Compliance.** Student agrees to follow directions of the Sponsor and to abide by all UH policies and procedures while participating in the Educational Program.
- Permission.** My child, _____ has my permission to participate in the following Tour Clinical Rotation at _____ (Facility) on _____ (Dates).
- Travel:** The parent/guardian am solely responsible for securing my child's transportation to and from the above facility. University Health is not responsible for transportation of students.
- Waiver, Release and Assumption of Risk.** Parent/Guardian hereby expressly assume the risk of injury or harm in all activities performed by Student as a participant in the Educational Program. Parent/Guardian on behalf of itself and the Student hereby agrees to release, indemnify and hold harmless and forever discharge University Health, its facilities and employees from any and all liability, financial obligations, claims, demands, or causes of action that they may have against University Health with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Student's participation in the Educational Program.
- Insurance.** Parent/Guardian understands and agrees that Student is not and will not be covered by workers' compensation insurance or any other form of insurance maintained by University Health for its employees.
- Emergency Consent:** In the case of an injury to **(Student's Name)** _____, while at University Health, Parent/Guardian gives my consent for the hospital, its physicians, employees and agents to render emergency and other necessary medical treatment. As the parent/guardian, I hereby release University Health, its facilities, physicians, employees and agents from any claim predicated on a lack of consent or a failure to obtain informed consent to perform the emergency treatment in question.
- Confidentiality.** I understand, agree, and will ensure Student understands and agrees that patient privacy and confidentiality of patient-related information must be maintained at all times. Information of a confidential nature generally includes information related to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Thus, any reference to the identity, diagnosis and/or treatment of patients should never be disclosed to third parties or discussed in a forum where third parties may overhear or see the information. Further, individual departments have confidentiality requirements by which I also agree to abide. Generally, matters related to personnel, competitive procurement (purchasing) or items otherwise designated as proprietary or confidential constitute examples of information, which must not be disclosed. I agree and will ensure Student agrees not to copy, record or photograph anything or anyone while on UH premises.

9. **Photographic Release.** I grant and convey unto University Health all rights, title, and interest in all photographic images and video or audio recordings made by University Health during Student activities as an observer, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

10. **Scope and Enforceability.** I expressly agree that this document is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this document shall be governed by and interpreted in accordance with the laws in the State of Texas. I agree that in the event that any clause or provision of this document shall be held to be invalid by any court of competent jurisdiction, the validity of such clause or provision shall not otherwise affect the remaining provisions of this document, which shall continue to be enforceable.

AGREED:

Student's Name (Please Print)

Student's Signature

Date

School: _____ Grade: _____ Cell Phone: _____

Email: _____

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Person 1:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Person 2:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____