

**ASSUMPTION OF RISK, RELEASE,
AND WAIVER OF LIABILITY AGREEMENT (the “Agreement”)**

1. I am a clinical student that is voluntarily participating in a clinical program at St. Francis Medical Center or designated clinical sites (the “Hospital”).
2. I understand that the Hospital is taking all reasonable measures to reduce the spread of COVID-19; however, the risk of exposure cannot be completely eliminated.
3. I understand that my clinical program will involve the care of patients and close contact with faculty, medical and nursing personnel as well as other employees of the Hospital.
4. I understand that the clinical experience may involve the care of patients with undiagnosed COVID-19 and/or close proximity to patients requiring life-saving measures that may further increase the risk of COVID-19 exposure.
5. I understand that I may be exposed to, and infected with COVID-19 during my clinical program at St. Francis Medical Center, and that such exposure or infection may result in interruption in my clinical program, quarantine, personal injury, illness, prolonged hospitalization, permanent disability, and/or death.
6. I understand I am responsible to wear, clean, store or dispose of my PPE (“Personal Protective Equipment”) according to the instructions I receive from the Hospital.
7. I understand that the Hospital may require me to undergo PPE training and/or wear additional or alternative PPE, and that the Hospital may remove me from a clinical experience if I do not arrive with appropriate PPE or comply with PPE requirements.
8. I understand that the Hospital may conduct COVID-19 prescreening such as temperature checks and questionnaires about my health and travel, prior to my clinical programs.
9. I understand that even if I have been tested for COVID-19 and have a negative COVID-19 test result, in some cases, the tests may fail to detect the virus, or if testing was done in advance, I may have contracted COVID-19 after the test was conducted.
10. I understand that it is my responsibility to not report to, or remain at the Hospital, and to immediately self-report to the School of Nursing and Hospital, if I have had any known COVID-19 diagnosis or exposure, or I am feeling ill or have symptoms of COVID-19, including but not limited to fatigue, fever, cough, chest pain, difficulty breathing or shortness of breath, headache, aches and pains, sore throat, nausea, vomiting, diarrhea or loss of taste or smell.
11. I understand that St. Francis Medical Center adheres to advisories issued by the State of New Jersey restricting travel to and from other states. I understand that if I have traveled to one of the restricted states in the 14 days prior to starting my clinical experience, or at any time during my clinical experience, then I must report the travel to the School and self-monitor at home until the end of the 14 day period before arriving at the Hospital to begin or continue my clinical experience. I further understand that the list of states may change

at any time and I will follow the above protocol for travel to any state listed on the Hospital or School advisory at the time of my travel.

12. I understand that I may be exposed to COVID-19 any time before, during or after my clinical program at the Hospital, and it is my responsibility when not at the Hospital to use protective measures including but not limited to social distancing, masking and handwashing to avoid exposure or infecting others.
13. I understand that the Hospital has sole discretion in determining whether or not I am required to self-monitor at home or whether my clinical experience will be interrupted, delayed or canceled due to COVID-19.

By signing below, I acknowledge the contagious nature and serious risks of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by, COVID-19 as a clinical student attending a clinical program at the Hospital, and/or that I may be required to interrupt or delay my clinical experience at the Hospital due to COVID-19. To the fullest extent permitted by law, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, waive, discharge, covenant not to sue, and hold harmless the Hospital, its officers, directors, employees, agents, and affiliates, from any liability, costs, damages, claims, causes of action, litigation, demands, injury, or loss, including but not limited to those for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred, directly or indirectly, now or in the future, whether arising from my exposure to or infection by COVID-19 which may occur at the Hospital, any interruption, delay or cancellation of my clinical experience due to COVID-19, and/or in any other way related to COVID-19 and in connection with my participation in the clinical program at the Hospital.

I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read this Agreement and fully understand its terms. I acknowledge that I am signing this Agreement freely and voluntarily in consideration for the opportunity to participate in the clinical program at the Hospital, and intend for my signature below to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signed: _____

Name (print): _____

Date: _____