



Job Shadow Program

## Intent to Participate Form: Release of Liability

**(To be completed if participant is 18 years old or older)**

I, (participant name) \_\_\_\_\_, request to participate in all activities associated with the OSS Health Shadow Program. I understand that OSS Health and any other Released Parties do not require me to participate in these activities.

The purpose of this Shadow Program is to broaden my understanding of a particular career by observing an experienced, competent mentor while they perform their job duties and responsibilities within the work environment. In general, the shadow experience will typically last for one day.

I understand that in order to participate in the Shadow Program, I will need to provide all the requested documentation. I will comply with all rules and regulations of OSS Health while shadowing. I understand that failure to comply with the rules will result in immediate removal from the Shadow Program.

I agree to assume all of the risks and responsibilities in any way associated with these activities. In consideration of and return for the services provided to me by OSS Health and the Released Parties, I hereby release each and all of them from any and all liability, claims and actions that may arise from injury or harm to myself or from damage to my property, in connection with these activities.

I hereby release and discharge OSS Health, its agents, servants, and employees, and persons, firms or corporations contracting with, or acting on behalf, of these groups, with respect to the activities of the Shadow Program as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my participation in the activities of the Shadow Program.

I further represent that to the best of my knowledge, information and belief, I am physically able to participate in the above-described activities, without any undue or unusual risk to myself or to others.

I have read this entire Release. I fully understand it and I intend to be legally bound by it.

\_\_\_\_\_  
(Shadow Program Participant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Shadow Program Participant Printed Name)