

I, _____, intending to participate in an educational experience at Wynn Medical Center am acknowledging that the clinic has policies, procedures, and processes to protect its workers, patients, visitors, and volunteers from the acquisition and spread of COVID-19. I agree to comply with all clinic policies, procedures, and processes as well as any Center of Disease Control (CDC) and local public health guidelines to reduce the chances of acquiring or the spreading of COVID-19.

I attest that:

- * I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.
- * I have not been diagnosed with COVID-19 and not yet cleared as non contagious by state or local public health authorities within the last 14 days.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to COVID-19.

I agree to be screened for COVID-19 symptoms upon arrival to the clinic. I agree to use a mask that has been provided to me or approved for use if brought from home. I agree to use proper hand hygiene, including washing or sanitizing my hands after using the restroom, visiting for an examination from, sneezing, coughing, and regularly throughout the day.

Assumption of Risk and Waiver of Liability

I acknowledge that I have voluntarily applied to the clinic's educational experience program. I understand that there is no compensation or direct medical health coverage afforded to me during my relationship with the clinic, and the clinic is not responsible for any potential exposure to COVID-19. My participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. The risk of serious illness and death is present even though particular rules and personal practices may reduce this risk. I understand that even if I follow all policies, procedures, and processes I still may be at risk of being exposed to COVID-19 and I may acquire COVID-19 from my participation in a program at the clinic.

I fully understand and am aware of the risks that are inherent to my activities at the clinic, including but not limited to the risk of exposure to COVID-19. I assume the risk of bodily injury, illness, and death resulting from my activities even if resulting from the practices of the clinic or its employees, volunteers, patients, or visitors. I understand that certain inherent factors may make me more susceptible to acquiring COVID-19 or may increase the likelihood of severe symptoms including death if I contract COVID-19.

I hereby release and hold Wynn Medical Center harmless from, and waive on behalf of myself, my heirs and successors, any and all causes of action, claims, demands, damage, costs, expenses and compensation or loss to myself that may be caused by any act, or failure to act of the clinic, or that may otherwise arise in any way in connection with any activities with, or at clinic. I understand that this release discharges the clinic from any liability or claim that I may have against the clinic with respect to any bodily injury, illness, or death that may arise from or in connection with my educational activities. This liability waiver and release extends to the clinic together with all its owners, all parent or member entities, and employees.

By signing below, I voluntarily agree to comply with the written instructions above and the assumption of risk and waiver of liability. Failure to comply with these written instructions or verbal instructions from staff may result in my privileges being removed and I may be asked to leave the premises.

Name of Participant (typed or printed)

Signature of Participant

Date

Parent/Guardian (if participant is under 18)

Signature of Parent/Guardian

Date