



Lincoln Trail District Health Department
Observation/Shadowing Release
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

- 1. In consideration for receiving permission to participate in the Observation and/or Shadowing of the services performed at or by Lincoln Trail District Health Department...
2. I am fully aware of risks and hazards connected with being on the premises and participating in the Event...
3. I further hereby agree to indemnify, defend and hold harmless the Releasees, from and against any loss, liability, damage, expenses, governmental or regulatory fines, costs, or claim...
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased...

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
C. I am at least eighteen (18) years of age and fully competent; and
D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand this ___ day of ___, 20__.

Participant Signature: _____

Participant Printed Name: _____

Witness Name: _____

Witness Printed Name: _____