



**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 (hereinafter referred to as "Event") to be held on \_\_\_\_\_, 20 \_\_\_\_\_. I hereby release, waive, discharge and covenant not to sue Lincoln Trail District Health Department, its officers, servants, agents and employees (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Releasees, or otherwise, while participating in the Event, or while in, on or upon the premises where the Event is being conducted, while in transit to or from the premises, or in any place or places connected with the Event.
- 2. I am fully aware of risks and hazards connected with being on the premises and participating in the Event, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Event, and I hereby elect to voluntarily participate in the Event, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Event, whether caused by the negligence of Releasees or otherwise.
- 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 (including reasonable attorney fees), that Releasees may incur due to my participation in the Event, whether caused by my negligence, willful misconduct, omission or otherwise.
- 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, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

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: \_\_\_\_\_