

Schedule C: Waiver of Legal Rights

(For Students or Institution Staff Who Are Responsible for Arranging Their Own Medical/Accident Insurance)

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS, INCLUDING YOUR RIGHT TO SUE. PLEASE READ CAREFULLY. YOU MAY WISH TO SEEK INDEPENDENT LEGAL ADVICE IN RESPECT OF THIS AGREEMENT.

1. I understand there can be significant dangers, including the risk of acquiring a serious illness, sustaining a psychological or physical injury, or death, associated with working in a clinical health care setting or hospital during a Practice Education experience.
2. I acknowledge and accept these risks and all other risks associated with participating in this Practice Education experience.
3. I accept full responsibility and release Interior Health from all liability any loss, injury or damage that I may suffer arising from or related to my participation in the Practice Education experience, including any physical or psychological injury arising from exposure to health risks. I release and discharge Interior Health, its directors, officers, employees, volunteers, agents, contractors and attending physicians from any and all liability for any loss, injury or damage, which I may suffer during the Practice Education experience.
4. I waive any right of recovery from Interior Health, its directors, officers, employees, volunteers, agents, contractors and attending physicians, that I may otherwise be entitled to by law. I acknowledge and accept that Interior Health disclaims all liability for such risks.
5. I acknowledge that Workers' Compensation, accident or similar death & disability coverage is not available to me from Interior Health or the Institution during the Practice Education experience. I have been advised by the Institution of my responsibility to obtain medical and/or accident insurance coverage myself.
6. I agree that this Agreement is governed by the laws of British Columbia, and any applicable laws of Canada, where I am participating in the Practice Education experience. I irrevocably submit to the exclusive jurisdiction of the courts of British Columbia.
7. I have read and understand this document and I am aware that by signing this waiver I may surrender certain legal rights.
8. I _____ (insert name of STUDENT or visiting INSTITUTION STAFF)
I have read, understood, and accepted the terms of this Agreement as evidenced by my signature below.
9. I agree I have been given time to seek independent legal advice and sign this document voluntarily.

IF YOU HAVE ANY QUESTIONS REGARDING ANY OF THE CONTENTS OF THIS DOCUMENT, PLEASE CONTACT studentplacement@interiorhealth.ca PRIOR TO SIGNING IT.

[Select appropriate signature block: STUDENT or INSTITUTION STAFF]: see page 2 if under 19 years of age.

**I am 19 years of age or older:
Signature of STUDENT:**

Print name of STUDENT

Date (dd/mmm/yyyy):

Signature of INSTITUTION STAFF:

Print name of INSTITUTION STAFF:

Date (dd/mmm/yyyy):

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(For students or institution staff Who Are Responsible for Arranging Their Own Medical/Accident Insurance)

I am under 19 years of age:

PARENT OR GUARDIAN (required where Student is under 19 years of Age):

I am the Minor's parent and/or legal guardian I understand there can be significant dangers, including the risk of acquiring a serious illness, sustaining a psychological or physical injury, or death, associated with working in a clinical health care setting or hospital during a Practice Education experience. I acknowledge and accept these risks and all other risks associated with my child/charge participating in this Practice Education experience. I release and discharge Interior Health, its directors, officers, employees, volunteers, agents, contractors and attending physicians from any and all liability for any loss, injury or damage, which my child/charge may suffer during the Practice Education experience. I waive any right of recovery from Interior Health, its directors, officers, employees, volunteers, agents, contractors and attending physicians that I may otherwise be entitled to by law. I acknowledge and accept that Interior Health disclaims all liability for such risks.

Signature of STUDENT

Signature of PARENT/ LEGAL GUARDIAN

Print name of STUDENT (the "Minor")

Print name of PARENT/ LEGAL GUARDIAN

Date (dd/mmm/yyyy):

Date (dd/mmm/yyyy):

For students under 19 years of age that do not have a parent or legal guardian, sign in the designated spot for students under 19 years of age. Also sign here in acknowledgment of the following statement "I am under 19 years of age and do not have a Parent or Legal Guardian"

_____ student signature

Upon completion of above, the 'SAVE FORM' function must be used to save the document (This prompts a Javascript to allow a second signing and completion of the Parent Printed Name and Date). To close the document the student will be promoted a second time to save the document.

Email completed form to: StudentPlacement@interiorhealth.ca