

CHI Saint Joseph Health has agreed to allow selected persons to participate in job shadowing/observation. In consideration of CHI Saint Joseph Health's allowing individuals the opportunity for job shadowing/observation at CHI Saint Joseph Health, the individual hereby agrees to the following:

Release/Indemnification. The individual agrees to and hereby does release, indemnify and hold harmless CHI Saint Joseph Health, its members, directors, officers, employees and representatives from any and all responsibility and obligation, and agrees not to hold CHI Saint Joseph Health liable for any or all injuries, losses, damages or expenses which may occur as a result of any act or omission of CHI Saint Joseph Health, its members, directors, officers, employees or representatives, or which may arise from the individual's participation in the job observation/shadowing program at CHI Saint Joseph Health.

Illness. The individual hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against CHI Saint Joseph Health its directors, officer, employees and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of CHI Saint Joseph Health.

Medical Treatment. CHI Saint Joseph Health shall provide or refer to outpatient treatment to individuals while in the facility for job observation/shadowing in case of an accident or illness. However, in no circumstances shall CHI Saint Joseph Health bear the cost of the emergency outpatient treatment.

Hospital Policy. The individual agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by CommonSpirit Health's Standards of Conduct, The Joint Commission, and Occupational Safety and Health Administration (OSHA) requirements.

Influenza Vaccination. The individual agrees to provide documentation of current influenza vaccination or approved Medical or Religious exemption.

COVID-19 Vaccination. The individual agrees to provide documentation of current COVID-19 vaccination or approved Medical or Religious exemption.

I have completed all of the required elements to participate in this experience. I have read and agree to abide by CHI Saint Joseph Health's guidelines for job shadowing/observation and all terms of this agreement.

Job Shadower/Observer Signature _____ Date _____

Job Shadower/Observer Printed Name _____ Time: _____

Job Sponsor Coordinator Signature _____ Date _____

Department Printed Name _____

Required: Signature of parent or legally authorized representative if Job Shadower/Observer is under eighteen (18) years of age

Parent/Representative Signature _____ Date _____

Parent/Representative Printed Name _____ Time: _____