



Waiver, Release and Hold Harmless Agreement

In consideration of permission granted by Skyline Health allowing me to participate in an internship program (the “Activity”), I agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under, or through me as follows:

I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, or other harm could occur to me.

I have been strongly advised to obtain medical insurance coverage prior to participation as Skyline Health will not provide worker’s compensation coverage or other insurance coverage for students participating in the Activity.

- I have medical insurance that will cover me in the event I am injured during the Activity.

- As a personal choice, I have declined to obtain medical insurance coverage and accept sole responsibility for any injuries, death, or other harm that could occur during participation in the Activity.

Signature

Date

Printed Name