

**UM CHARLES REGIONAL MEDICAL CENTER
VOLUNTEEN PROGRAM**

PARENTAL ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

I, _____, am the parent/legal guardian of _____ (the “child”). My child has applied to participate in the University of Maryland Charles Regional Medical Center “Volunteen” Program, which will provide my child with the benefit volunteer experience in the health care setting and allow them to learn about healthcare as a future career.

I am aware that COVID 19 is a highly contagious and dangerous virus.

Initial Here

I understand that this facility is taking necessary safety precautions to mitigate the spread of the virus.

Initial Here

I understand the risks associated with my child coming into the hospital where there are patients who are infected with COVID-19, and where my child may be exposed to the virus.

Initial Here

I understand and agree that my child must follow all policies related to the wearing of personal protective equipment including the wearing of a face mask while in the hospital or while performing any work for the hospital.

Initial Here

I understand that my child may become infected even if my child takes available precautions.

Initial Here

I understand that the COVID 19 infection could cause illness or death.

Understanding the above, and in consideration of the experience that my child will receive through participating in the Volunteen Program, I, individually and on behalf of my child, do hereby waive, release and forever discharge the University of Maryland Medical System Corporation, University of Maryland Charles Regional Medical Center, and all of their member organizations and affiliate entities, and all of their agents, employees and representatives (the “Releasees”) from any and all claims and causes of action of any kind or nature which are in any way related, directly or indirectly, to my child’s participation in the Volunteen Program. This includes claims or causes of action which I may have or that hereafter may accrue, including any such claims or causes of action caused in whole or in part by the negligence of the Releasees and further including any claims or causes of action if my child becomes infected with COVID-19 as a result of participating in the Volunteen Program. I understand that my child is participating in the Volunteen Program at my own risk and agree that neither I nor my child will bring any claim or cause of action of any kind or nature against the Releasees.

The laws of the State of Maryland shall apply to this document.

I sign this document voluntarily with the intent to be legally bound by it. I have read this document and understand its contents.

Signature _____ Date _____

Witness _____ Date _____