

22 South Greene Street
Baltimore, MD 21201

Agreement Form

I, Dr. /Mr. /Ms. _____
(First name) (Middle Initial) (Last Name)

Of _____
(City) (State) (Country)

in consideration of participation in an observership at the R Adams Cowley Shock Trauma Center at the University of Maryland Medical Center, a health care facility owned and operated by the University of Maryland Medical System Corporation (“Shock Trauma”), do hereby agree that:

1. I agree that my observership will be from _____ to _____, and that it shall consist solely of observing the activities of the Shock Trauma Center. At the end of such period, I agree that my observership will cease and I will no longer be allowed access to observe at Shock Trauma. I also understand, acknowledge and agree that Shock Trauma is not in any way responsible for monitoring or ensuring my departure from the United States.
2. **(For International Observers Only)** I agree that I will obtain the necessary visa, B-1/B-2 or other temporary visitor status from the appropriate authorities for the purpose of participating in my Observership and I agree to maintain and comply with all the requirements of such status for the duration of the observership.
3. ***I understand that my Observership is for Observation ONLY and does not allow any clinical participation. I will not be allowed to participate in patient care or contact, examination, surgery or other procedures during my Observership.*** I agree that my Observership is in no way an offer of/or employment by Shock Trauma and I will not receive, nor be allowed to receive any compensation, reimbursement or enumeration for my Observership and agree to release Shock Trauma from all claims related to such. Nothing contained in this Agreement is intended to create nor shall be deemed or construed to create any relationship between Shock Trauma and me other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither Shock Trauma nor I nor any of our respective agents, employees, or representatives shall be construed to be the agent, employee or representative of the other.
4. I agree to act appropriately and professionally during my Observership at Shock Trauma. I understand that at any time, or without cause, Shock Trauma may terminate my Observership. During assignment, and while on the premises of Shock Trauma/University of Maryland Medical Center will, at all times, comply with all policies, rules, regulations, procedures, manuals and standards of practice of Shock Trauma/University of Maryland Medical Center (collectively referred to herein as “Policies and Procedures”). Shock Trauma shall be responsible for all aspects of patient care. Shock Trauma has the right to require, in its sole discretion my withdrawal or removal from Shock Trauma for any reason, including, but not limited to, lack of professional demeanor, unsatisfactory performance, incompetence, or failure to comply with Policies and Procedures.
5. I understand that as an Observer I may have access to, or may observe certain confidential information that belongs to Shock Trauma/University of Maryland Medical Center and I agree not to disclose, discuss or reveal any such information to parties outside of Shock Trauma/University of Maryland Medical Center and agree to keep any patient records, information or files confidential. I also agree that any information about patients I observe will remain confidential and agree not to disclose, discuss or reveal any information to anyone other than those directly involved in my Observership with me.
6. During my observation at Shock Trauma, I will have and will maintain health insurance in my home country that will cover medical expenses incurred in the United States including repatriation if necessary. Prior to my arrival at Shock Trauma, proof of such insurance will be provided. If I do not have such insurance prior to my arrival at Shock Trauma, I understand that I must purchase such insurance, in order to participate in the Observership.
7. Shock Trauma will provide emergency medical care, upon my consent, for injuries or illnesses which may occur while onsite during my observership at Shock Trauma. Shock Trauma assumes no financial responsibility for my care or treatment under the

terms of this Agreement. Bills for services rendered will be forwarded to my designated health insurance carrier for payment. I acknowledge and agree that I will be responsible for any charges not covered by my health insurance.

8. I agree to show proof of all vaccinations as required by the CDC and the Policies and Procedures prior to commencing my Observership.
9. I understand and acknowledge that I may observe in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including but not limited to, HIV, hepatitis or tuberculosis and I hereby agree to assume all risks and responsibilities associated with participation in such a portion of the observership. Furthermore, I hereby agree to release, indemnify and hold harmless Shock Trauma, University of Maryland Medical Center, including their present and former affiliates, officers, directors, faculty, employees, agents and participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorneys' fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of Shock Trauma, University of Maryland Medical Center, persons acting on their behalf or otherwise.
10. In consideration of my being allowed to participate in the Observership, I agree to release, indemnify and hold harmless Shock Trauma, University of Maryland Medical Center including their present and former affiliates, officers, directors, faculty, employees, agents and participants (the "Indemnified Parties") from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorneys' fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the Observership, whether caused by the negligence, action or inaction of the Indemnified Parties or persons acting on their behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I cause upon any person or upon Shock Trauma's and University of Maryland Medical Center's facilities or their personal property during my participation in the Observership.
11. I agree that in order to maintain patient privacy, no photographs will be taken or video recordings made of patients or patient care activities during my observership.
12. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland. This Agreement shall be governed, construed and interpreted in accordance with Maryland law.
13. This Agreement may be amended only by a writing signed by Shock Trauma and me.
14. I have read and understood this Observership Agreement and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate in the Observership.

Participant Signature

Printed Name

Date

Please complete and upload this signed form on the online application.

Application for Observer ship

- ✓ ***Proof of Immunizations***
- ✓ ***Proof of Medical Insurance Specifying Beginning and Ending Dates of Coverage***
- ✓ ***Signed Patient Safety Factsheet***
- ✓ ***Confidentiality Agreement***
- ✓ ***Participant Contact Information*** (International Observers Only)
- ✓ ***Participant's Document Form*** (International Observers Only)
- ✓ ***Passport Biographical Information Page*** (International Observers Only)
- ✓ ***Passport Expiration Date Page*** (International Observers Only)
- ✓ ***B-1/B-2 Visa*** (International Observers Only)
- ✓ ***Front and Back of Form I-94 (small white or green card located in the passport)*** (International Observers Only)
- ✓ ***Current Curriculum Vitae (CV)***
- ✓ ***Color digital photo on plain background***
- ✓ ***Scrub size***