

**Brody School of Medicine/ECU Physicians'
Visitor Encounter Agreement and Release and Waiver From Liability**

In consideration of being permitted to participate in visitor activities with _____
(insert name of person responsible)

at _____ which include _____
(insert clinic/department) (insert description of activities)

Shadowing/Observation

_____ at East
Carolina

University, I _____, for myself, my heirs, and my personal
(insert name of visitor)

representatives, do hereby release and forever discharge East Carolina University, all of its officers, agents, and employees from any and all claims for damages beyond the control of and without the fault or negligence of East Carolina University, its officers, agents, or employees which are suffered by me as a result of my participation in these activities. I specifically assume all risks which may arise from my volunteer activities including any exposure to potential infections to which I may be exposed. The risks being known and appreciated by me having read this release and knowing these facts and in consideration of being allowed to participate.

I acknowledge that East Carolina University's decision to allow me to participate is a privilege. I understand that this privilege may be rescinded by ECU at their discretion. I also fully understand that my participation in the aforementioned visitor activities is voluntary and I am not required to participate.

I also agree to abide by applicable departmental, school* and University policies and assume for myself full and complete responsibilities for any intentional infractions thereof and for any or all consequences of such infractions. I specifically understand that during my participation in the aforementioned visitor activities, I am prohibited from treating patients and I accept responsibility for any consequences of violation this prohibition. I also accept full responsibility for any uses of University facilities including University property, and agree to make full restitution with regards to any compensation required as a result of my use, misuse, or damage to such properties.

By my signature below, I certified that I am covered by health insurance and that I have attached to this agreement a copy of this certificate of such insurance. I further certify that I have never been found guilty or plead nolo contendere (no contest) to any felony and/or to any other offense. This includes violence, injury to person, destruction of property, sexual offenses, drugs, theft or moral turpitude. I do not have any pending criminal charges against me. This includes any felony offense or any offense involving violence, injury to person, destruction of property, sexual offenses, drugs, theft or moral turpitude. During my period of activity at East Carolina University, I agree to advise East Carolina University of any changes in my criminal record.

IN WITNESS WHEREOF, I have caused this release to be executed this _____ day of _____, _____

Visitor's Signature: _____

For minor visitors (under 18 years of age)

I am under 18 years of age and have signed above to indicate my assent, but understand that my parent or legal guardian's signature and legal notarization must be included to complete the form before beginning my visit at ECU.

Parent/Legal Guardian Signature: _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____

(Notary Public) My Commission expires: _____

* Including requirements for immunization and/or health screening for Health Care Workers at the Brody School of Medicine.