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## Swedish Medical Center Medical Insurance Waiver

It is understood and agreed that, as a part of any person's request to participate in an observership (job-shadow experience) or rotation (for-credit experience) on Swedish Medical Center premises, such participant must provide Swedish Medical Center with evidence that s/he is covered by a comprehensive health and accident insurance plan, which will provide continuous coverage of such person during his or her participation.

If the participant is not able to obtain Medical Insurance, then it is understood and agreed that such person may provide an acceptable written waiver, signed by the participant and releasing Swedish Medical Center from all liability for any illness or injury suffered by the person during such participation.

If the participant is ill or injured on Swedish Medical Center premises, it is understood and agreed that Swedish Medical Center shall provide interim emergency medical treatment to that person. The person receiving care from Swedish Medical Center will be responsible for the payment of routine medical charges, as stated in Swedish Medical Center's fee schedule.

### **Participant** *(please initial each line)*

\_\_\_\_\_ I do not have medical insurance at this time.

\_\_\_\_\_ I understand that I may not hold Swedish Medical Center liable or accountable for any illness or injury suffered while participating in an observership (job shadow experience) at Swedish Medical Center.

\_\_\_\_\_ I understand that if I am injured on Swedish Medical Center premises, I will be provided with interim emergency medical treatment by Swedish Medical Center. I understand that I am responsible for all costs that I may incur as a result of an illness or injury suffered while participating in a job shadow experience at Swedish Medical Center.

\_\_\_\_\_  
Participant Name (please PRINT)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date