Instructor Release of Responsibility

I, ________________________________ ("Instructor"), an instructor at ________________________________, will be on the premises of Health First, Inc. starting ______________________. In exchange for being allowed limited access to the premises and the facilities, the Instructor hereby understands acknowledges and agrees to the following:

1. Certain facilities of Health First, Inc. are medical facilities and as such, there are individuals who are treated for various illnesses, some of which may be contagious.

2. I understand that the laws of the State of Florida, and other applicable state and federal statutes, prohibit the unauthorized release of patient identities and/or medical information relating thereto. The law prohibits both advertent and inadvertent disclosure of any information, regarding patients, to any person not specifically authorized to receive such information. Applicable laws provide for both criminal and civil penalties for such disclosure. I hereby agree not to make, or cause to be made, any advertent or inadvertent disclosure of any information regarding any patient which may come to my attention as a result of my presence at Health First, Inc.

3. I hereby agree to release, indemnify and hold harmless Health First, Inc., its officers, agents and employees from any and all liability, claims, damages, losses, expenses, including attorney’s fees, proceedings and causes of action of every kind and nature as a result of or directly or indirectly related to my being on the premises of any of the facilities owned and/or operated by Health First, Inc.

4. In the event I shall default under any of the provisions specified in this agreement or violate any rules or regulations of Health First, Inc. or its facilities, terms or conditions specified herein or any other law, regulation or standard applicable to Health First, Inc., operations, Health First, Inc., shall have the right to withdraw their permission to allow me access to the premises or its facilities.

In witness whereof, “Instructor” has executed this release this ___ day of __________, in the year ______.

________________________________________________________________________

Instructor Signature

________________________________________________________________________

Witness