



Student Release of Responsibility

I, _____ (print name), a student at _____

(“Student”) will be on the premises of Health First, Inc., from _____ to

_____ (fill in for the duration of the program).

In exchange for being allowed limited access to the premises and the facilities, the student or student’s legal guardian, 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, Student or student’s legal guardian has executed this Release this

_____ day of _____, in the year _____.

Student or student’s legal guardian:

_____ (Student or student’s legal guardian)