

GENERAL RELEASE OF CLAIMS AND LIABILITY

I, _____, am performing as an intern at The Center for Health Care Services by my own free will. I acknowledge that within the course and scope of my activities as an intern, I may be exposed to hazards or risks that may result in my illness, personal injury, death, or property damage and I understand and appreciate the nature of such hazards and risks. In consideration of being permitted to participate as an intern, I hereby accept all risks to my health, including any injury or death, and property that may occur while I am acting within the course and scope of my participation as an intern.

I HEREBY ELECT TO ASSUME ALL RISK FOR CLAIMS ARISING BEFORE OR AFTER THE DATE OF THIS RELEASE, KNOWN OR UNKNOWN, AND KNOWINGLY AND VOLUNTARILY EXPRESSLY RELEASE THE CENTER FOR HEALTH CARE SERVICES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR TO ANY OF MY PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE CENTER FOR HEALTH CARE SERVICES, ITS EMPLOYEES, AGENTS, OR ASSIGNS, OR OTHERWISE, WHILE INTERNING OR WHILE IN OR UPON THE PREMISES WHERE I AM PARTICIPATING AS AN INTERN. IT IS MY EXPRESS INTENT THAT THIS RELEASE SHALL ALSO BIND MY HEIRS, EXECUTORS, ADMINSTRATORS, SUCCESSORS, OR ASSIGNS.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Intern Name (please print)

Intern Signature

Date