



## Release and Waiver of Liability

In consideration of an educational experience at Winona Health, the undersigned individual:

- Hereby acknowledges that there are dangers and risks of personal injury or illness inherent in observing the care and treatment of patients, in exposure to bodily fluids and other specimens, and otherwise.
- Hereby acknowledges that Winona Health is not responsible for any personal injury, illness, or other damages of any kind relating to my experience or exposure to patients, bodily fluids or other specimens.
- Hereby acknowledges that any bodily or personal injury, illness or other damages of any kind arising out of or related to the educational experience will not be covered by workers compensation insurance or any other insurance coverage provided to Winona Health.
- Hereby assumes full responsibility for any risk of bodily or personal injury, illness, or other damages of any kind arising out of or related in any way to the educational experience at Winona Health, including any risks caused by the negligence of Winona Health.
- Hereby releases, waives, forever discharges and covenants to hold harmless Winona Health, its officers, directors, employees, insurers, and agents of and from all liability for any and all loss or damage, and any claim or demand on account of personal or bodily injury arising out of or related in any way to the educational experience at Winona Health, including any/all loss or damage, claim or demand arising out of the negligence of Winona Health.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's name (Print)

\_\_\_\_\_  
Parent/Legal Guardian's signature  
(Required if student is under 18)

\_\_\_\_\_  
Date