

Job Shadow and Career Exploration Waiver and Release

In consideration of being allowed to participate in the job shadow and/or career exploration experience, and intending to be legally bound hereby, I, _____ (“Participant”), hereby agree and consent to the following:

1. I am voluntarily participating in the job shadow and/or career exploration experience conducted at _____ (location) on _____ (date).
2. UPMC will not assess my suitability to participate in the activity. It is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned activity. I represent and warrant that I am unaware of any medical condition that would prevent my participation in the activity.
3. I understand that there are inherent risks associated with the activity. I also recognize that there is a possibility that I may incur some injury, or develop, or aggravate some known or unknown medical condition as a result of my participation in the activity, and I wish to assume that risk. I further understand that there are also other remote risks that may be associated with this activity.
4. I acknowledge and fully understand that I am engaging in activities that may involve risk of serious injury, including permanent disability and death, as well as the risk of economic and other damages which might result from my own actions or omissions, from the actions or omissions of other parties, or from the condition of the premises available. I further agree that there may be other risks not known to me or not reasonably foreseeable at this time.
5. I assume all of the foregoing risks and accept personal responsibility for damages, if any, I may incur resulting from such injury, permanent disability or death; and
6. I forever release, hold harmless, and discharge, and covenant not to sue UPMC, any of its employees, representatives, officers, directors, shareholders, affiliates, administrators, agents, owners, or lessors of all

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equipment (“releasees”) from any liability for any injury, damage or other loss that I may suffer while participating in activity.

- 7.** This agreement applies to all claims for personal injury, death, loss of property, and/or damages of any kind arising from my participation in the activity.

MY SIGNATURE BELOW ACKNOWLEDGES THAT:

1. I have executed this Waiver and Release Form voluntarily after having sufficient time to review it;
2. I have read, understand and agree to the statements set forth above in this Waiver and Release Form; and
3. This agreement remains in effect for as long as I participate in the Activity.

I voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

Printed Name

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