

In consideration of my voluntary participation in an educational program to be conducted at the University of Illinois Hospital & Health Sciences System, 1740 West Taylor Street, Chicago, IL 60612 (the "Facility") and \_\_\_\_\_ (Student/Observer Name), \_\_\_\_\_ (address), \_\_\_\_\_ (City), \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) ("Self"), which will involve observing healthcare providers and patients of the Facility, and informational and instructional sessions at the School, the undersigned, on his/her own behalf, or if applicable, on behalf of his/her minor child or ward, and for each of their respective heirs, legatees, personal representatives, and all those claiming by or through them, does hereby discharge, release, and hold harmless The Board of Trustees of the University of Illinois, its trustees, agents, volunteers, servants, employees, and each of their successors and assigns, from all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by him or her or arising out of or in connection with his or her participation in the educational program at the Facility and the School.

I further understand and agree that all identifiable patient information, including without limitation the name of a patient and the fact that he or she is being treated by Facility, is strictly confidential and may not be disclosed by me for any reason. I may not access, copy or maintain any such confidential patient information, in either hard copy or electronic form, and if I improperly or inadvertently violate this obligation, I shall immediately report the violation to the person(s) supervising me at the Facility or School. I also understand that any failure to comply with these confidentiality provisions will result in my immediate termination from the educational program. These obligations shall survive termination of this Agreement;

I am age 18 or over and I have read, understand and agree to this Waiver & Release and Confidentiality Agreement.

Signature of Participant \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

I am under age 18. My parent or legal guardian named below has signed and agreed to this Waiver & Release and Confidentiality Agreement.

**Consent and Release on Behalf of Minor**

I am the parent or legal guardian of the above named minor. I certify that I have read and understand the foregoing Waiver and Release and Confidentiality Agreement. I voluntarily agree to the terms of this document on behalf of my child or ward, a minor, and I consent to my child's/ward's presence in the Facility and School and his/her participation in the educational program at these locations.

Signature of parent or legal guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_