
**Job Shadow
Swedish Medical Center
Insurance Waiver**

It is understood and agreed that as a part of any person's request to participate in a job shadow experience on Swedish Medical Center premises, such participant must provide Swedish Medical Center with evidence that s/he is covered by a comprehensive health and accident insurance plan which will provide continuous coverage of such person during his or her participation.

If the job shadow participant is not able to obtain Medical Insurance, then it is understood and agreed that such person may provide an acceptable written waiver signed by the participant and releasing Swedish Medical Center from all liability for any illness or injury suffered by the job shadow participant during such participation.

If the job shadow participant is ill or injured on Swedish Medical Center premises, it is understood and agreed that Swedish Medical Center shall provide interim emergency medical treatment to any job shadow participant. Job shadow participants receiving care from Swedish Medical Center will be responsible for the payment of routine medical charges, as stated in Swedish Medical Center's fee schedule.

Job shadow participant (Please initial each box)

At this time I do not have medical insurance. _____

I understand that I may not hold Swedish Medical Center liable or accountable for any illness or injury suffered while participating in a job shadow experience at Swedish Medical Center. _____

I understand that if I am injured on Swedish Medical Center premises, I will be provided with interim emergency medical treatment by Swedish Medical Center. I understand that I am responsible for all costs that I may incur as a result of an illness or injury suffered while participating in a job shadow experience at Swedish Medical Center. _____

Job Shadow Participant Signature

Date