



RELEASE FROM LIABILITY

**OBSERVATION OF ANY PROCEDURE
– LAY OR NON-AFFILIATE PERSON**

Guidelines for Use:

1. To be completed by program in which observership is requested.
2. Form to be signed by observer and manager, director or vice president.
3. Forms will be available from TBRHSC Print Shop or via PDF format for printing or e-mailing.
4. Completed consent to be forwarded to the Medical & Academic Affairs office for filing.

I, _____ (Name of Observer)

acknowledge that I fully understand and agree to abide by the following terms and conditions when under the supervision of _____ at Thunder Bay Regional Health Sciences Centre on _____.

- (1) That the responsible supervisor permits my presence in _____.
- (2) That I will respect the privacy of the clients at all times.
- (3) That I will keep confidential all information that I receive directly or inadvertently while _____.
- (4) That I will be appropriately attired in accordance with hospital practice or policy for this attendance.
- (5) That the responsible supervisor will always be present when patients are in attendance.
- (6) That I will follow specific directions as provided by the responsible supervisor.
- (7) That there is no guarantee that I will be able to observe the patient or procedure and that I will remove myself immediately from the room if asked to do so at any time, for any reason, by anyone.

In consideration of Thunder Bay Regional Health Sciences Centre allowing my presence at the hospital in accordance with the above conditions, I hereby release the Hospital and its directors, officers, employees and agents from all actions, causes of action, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special, exemplary or consequential, including interest thereon (the "Claims") as a result of my participation in the Observership.

Dated this _____ day of _____.

Signature of Observer

Signature of Witness

Signature of Manager/ Director/Vice President