

Erie County Medical Center Corporation
Visitor Encounter Agreement and Release and Waiver From Liability

In consideration of being permitted to participate in visitor activities with _____ at
(insert name of person responsible)
(insert clinic/department)

which include _____ at the
(insert description of activities)

Erie County Medical Center Corporation I, _____, for myself, my heirs,
(insert name of visitor)

and my personal representatives, do hereby release and forever discharge Erie County Medical Center Corporation (ECMCC), all of its officers, agents, and employees from any and all claims for damages beyond the control of and without the fault or negligence of the Erie County Medical Center Corporation, its officers, agents, or employees which are suffered by me as a result of my participation in these activities. I specifically assume all risks which may arise from my volunteer activities including any exposure to potential infections to which I may be exposed. The risks being known and appreciated by me having read this release and knowing these facts and in consideration of being allowed to participate.

I acknowledge that the Erie County Medical Center Corporation decision to allow me to participate is a privilege. I understand that this privilege may be rescinded by ECMC at their discretion. I also fully understand that my participation in the aforementioned visitor activities is voluntary and I am not required to participate.

I also agree to abide by applicable hospital and University (if applicable) policies* and assume for myself full and complete responsibilities for any intentional infractions thereof and for any or all consequences of such infractions. I specifically understand that during my participation in the aforementioned visitor activities, I am prohibited from treating patients and I accept responsibility for any consequences of violation this prohibition. I also accept full responsibility for any uses of hospital facilities including hospital property, and agree to make full restitution with regards to any compensation required as a result of my use, misuse, or damage to such properties.

By my signature below, I certified that I am covered by health insurance and that I have attached to this agreement a copy of this certificate of such insurance. I further certify that I have never been found guilty or plead nolo contendere (no contest) to any felony and/or to any other offense. This includes violence, injury to person, destruction of property, sexual offenses, drugs, theft or moral turpitude. I do not have any pending criminal charges against me. This includes any felony offense or any offense involving violence, injury to person, destruction of property, sexual offenses, drugs, theft or moral turpitude. During my period of activity at the Erie County Medical Center Corporation, I agree to advise ECMCC of any changes in my criminal record. I consent to a criminal background check and drug screening as part of my application process.

IN WITNESS WHEREOF, I have caused this release to be executed this _____ day of _____, 20_____.

Visitor's Signature _____

For minor visitors (under 18 years of age)
I am under 18 years of age and have signed above to indicate my assent, but understand that my parent or legal guardian's signature and legal notarization must be included to complete the form before beginning my visit at ECMC.

Parent/Legal Guardian Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public) My Commission expires: _____

*Including requirements for immunization and/or health screening for Health Care Workers at the Affiliated College or University.