

Consent to Liability

For students under 18 years of age or still in high school

I, _____ (Parent), as legal guardian for _____ (Child), intending to be legally bound for myself and my heirs, assigns or personal representative, agree to the following in connection with the _____ (school Program), at Northern Utah Healthcare Corporation, d/b/a St. Mark's Hospital (Facility).

- I consent to my Child attending and participating in the Program at the Facility.
- I agree to indemnify and save harmless, Facility officers, agents and employees from and against any and all loss, damages, injury or death, damages to personal property, howsoever caused, resulting directly or indirectly from my Child's participation in the Program at the Facility.
- I acknowledge Facility has not made any statement, representation or promise to me regarding any fact relied upon by me in entering into or executing this Consent to Liability and I specifically have not relied upon any statement, representation or promise of Facility in entering into or executing this Consent to Liability.
- I have carefully read this document and fully understand its contents and that it is a binding legal document.
- My Child and I have carefully read and have discussed the attached Confidentiality and Security Agreement and its contents and understand it is a binding legal document.
- My Child and I have carefully read the following documents: HIPAA Facts for Students, Infection Control, Employee Injury/Illness Handbook and Post Test, Facility Dress Code and agree to abide by the guidelines presented within.
- I understand that my Child will not be permitted to participate in the Program if this Consent to Liability and the attached Confidentiality Security Agreement, HIPAA Facts for Students and Employee Injury/Illness Post Test are not signed and/or completed and returned to the Child's advisor prior to the Program start date.

IN WITNESS WHEREOF, I have executed this Consent to Liability this _____ day of _____, 200__.

St. Mark's Hospital
MOUNTAINSTAR HEALTHCARE 

Parent's Signature

Parent's Printed Name

Student's Printed Name

Street Address

City, State and Zip Code

Phone Number