

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at Central Florida Regional Hospital ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the Program operated by _____ ("School") at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Student has read the **Substance Use in the Workplace policy** and understands that the inappropriate use of drugs or alcohol is prohibited in the Hospital. Any suspected abuse will be reported and investigated with full cooperation of anyone involved including a student.

Signature of Program Participant/Print Name

Date

Parent or Legal Guardian if Program Participant is under 18/Print Name

Date

Code of Conduct Acknowledgement

I certify that I have reviewed the HCA Code of Conduct Self-Learning CD and understand it represents mandatory policies of the organization. I agree to abide by the Code.

Signature of Program Participant

Printed Name

School

Date of Completion