

**NON-EMPLOYEE OBSERVATION AND SHADOWING PARTICIPANT**  
**GENERAL RELEASE AND WAIVER OF LIABILITY**

In return for being allowed to participate in Health Care District of Palm Beach County Observation and Shadowing Activities and all related activities, including any activities incidental to such participation ("Observation and Shadowing Activities"), the undersigned Participant ("Participant") releases and agrees not to sue the Health Care District of Palm Beach County or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("District") from all present and future claims that may be made by Participant, their family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of participation in the Observation and Shadowing Activities wherever, whenever, or however the same may occur.

Participant understands and agrees that the District is not responsible for any injury or property damage arising out of the Observation and Shadowing Activities, even if caused by their ordinary negligence or otherwise.

Participant understands that participation in the Observation and Shadowing Activities involves certain risks, including, but not limited to, injury to Participant or their property. Participant is voluntarily participating in the Observation and Shadowing Activities with knowledge of the risks involved and agrees to accept all risks of participation.

Participant also agrees to indemnify and hold harmless the District, its agents, and employees from and against all claims, liability, losses, and/or cause of action which may arise out of my participation in the Observation and Shadowing Activities. Nothing contained in this provision or the release or any other agreement with Participant shall be construed or interpreted as consent by the District to be sued nor as a waiver of sovereign immunity beyond the limited waiver provided in Section 768.28, Florida Statutes, as amended from time to time.

This document is intended to be as broad and inclusive as permitted by the laws of the state of Florida, in which the Observation and Shadowing Activities take place, and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

It is also acknowledged that the District has not arranged and does not carry any insurance of any kind for the Participant's benefit or that of their trustees, heirs, executors, administrators, successors, and assigns.

Participant has read the above and understands it and hereby agrees not to hold the District liable for any injuries that may occur as a result of participation in the Observation and Shadowing Activities and has voluntarily executed of free will and choice.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Signature (Participant)