Name: _____
Class: _____ Home School: _____

EXHIBIT A

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of Abrazo Medical Center Arrowhead, Coronado Healthcare Center, HCE lab simulations, Northpark Health and Rehabilitation or Boswell Transitional Healthcare Center ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any illness, injury or loss sustained by the undersigned while participating in the Program operated by Glendale Union High School District ("School") unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Dated this day of , 20

_____

Program Participant (print)

_____

Program Participant (signature)

_____

Witness

Name: _____
Class: _____ Home School: _____

EXHIBIT B

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between Glendale Union High School District ("School") and Abrazo Medical Center Arrowhead, Coronado Healthcare Center, HCE lab simulations, Northpark Health and Rehabilitation or Boswell Transitional Healthcare Center ("Hospital"), to keep confidential any information regarding Hospital patients and proprietary information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized by Hospital. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Hospital. The undersigned further acknowledges that he or she has viewed a videotape regarding Hospital's patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Hospital's and School's privacy policies and procedures and privacy practices.

Dated this day of , 20

_____

Program Participant (print)

_____

Program Participant (signature)

_____

Witness