VOLUNTEER ASSUMPTION OF RISK AND RELEASE

The undersigned has applied to volunteer at TriHealth Inc. or one of its affiliates. While providing volunteer services, Volunteer understands they are not compensated in any manner for their services as an employee or contractor of TriHealth.
By signing below, Volunteer acknowledges that he/she has read, understands and agrees to the following:

1. Assumption of Risk
Volunteer recognizes and acknowledges that there are certain risks to being a hospital volunteer, including, but not limited to, risks of obtaining communicable diseases from patients and injuries resulting from violent patient behavior. Volunteer fully appreciates these dangers.
Having knowledge of these dangers, and fully appreciating the risks involved, Volunteer voluntarily assumes the risks specifically described above, which may be involved in being a hospital volunteer.

2. Release
Volunteer hereby releases and discharges, for himself/herself, his/her heirs, representatives and assigns, TriHealth Inc. and all of its affiliates, including their successors, assigns, trustees, officers, employees and agents, from any and all damages or injuries to Volunteer to the extent caused by Volunteer's own negligence or Volunteer's failure to follow the applicable policies and procedures of Hospital. Volunteer acknowledges that he/she is signing this document freely and voluntarily and without any coercion or any influence of any kind. Volunteer acknowledges that there have been no promises, representations or inducements to signing the document.

_____ _____
Date Signature of Volunteer*

_____
Please Print Name of Volunteer

_____ _____
Date Signature of Volunteer's Parent or Guardian*

_____
Please Print Name of Volunteer's Parent or Guardian

*If Volunteer is under the age of 18, Volunteer's parent or guardian must sign above on behalf of the Volunteer.