

JOB SHADOW AGREEMENT AND WAIVER OF LIABILITY

By my signature below, participant certifies that participant has read the foregoing agreement in its entirety, understands its provisions and agrees and consents to any and all terms, conditions, waivers or releases contained herein of participant's own free will.

Signature of Job Shadowing Participant

Date

Printed Name of Job Shadowing Participant

For Job Shadowing Participants who are under 18 years of age, the signature of a parent or legal guardian below indicates that the parent or legal guardian has read the foregoing agreement in its entirety, understands its provisions, and agrees and consents that the participant shall be bound by any and all of the terms, conditions, waivers or releases contained herein.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Signature of Benefis Representative

Date

Printed name of Benefis Representative