

APPENDIX B

Confidentiality Statement and Hold Harmless Agreement

I, the undersigned, hereby request permission to participate in job shadowing program at the University of Arkansas for Medical Sciences (UAMS) Campus. I agree to abide by all rules and requirements requested by UAMS and to conduct myself in an appropriate manner.

I understand that in the course of this program I may have incidental exposure to confidential information. Confidential information means all patient, employee, student information and information of a proprietary, trade secret or confidential nature. I will maintain the confidentiality of this information at all times. I agree not to disclose the confidential information in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I understand that there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted at UAMS. I agree to the assumption of those risks and to not hold the University of Arkansas or its officers, board members, agents or employees responsible for any harm or injury, from any cause, which may befall me related to or arising out of participation in the program, and hereby release said entities and persons from any liability relating thereto. I further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on my behalf, or in their own right, arising out of said participation. I similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I understand and agree that this Agreement is not intended to include a release from harm caused by an individual's criminal conduct or by the conduct of an individual constituting an intentional tort recognized under Arkansas law; and any such criminal conduct or intentional tort is against UAMS policy and therefore outside the scope of the person's employment or relationship with UAMS for which UAMS is not vicariously liable. I agree that these conditions and agreements are binding on all of my heirs, executors, administrators, representatives, assignees and successors in action.

I have read and understand the above and willingly agree to said terms and conditions.

Signature: _____ Date: _____

Printed Name: _____