

Confidentiality and Hold Harmless Agreement (Minor)

As the undersigned parent(s) or legal guardian(s) of _____, a minor child, I (We) hereby consent to the participation of said child in a volunteer program and tour at the University of Arkansas for Medical Sciences (UAMS) or other associated Hospital or Facility through the volunteer program. I (We) understand and agree that said child is to abide by all rules and requirements requested by UAMS and to conduct herself/himself in an appropriate manner.

I (We) understand that in the course of the child's participation in this program and tour, he/she may have incidental exposure to confidential information. Confidential information includes all patient, employee, and student information and information of a proprietary, trade secret or otherwise confidential nature. I (We) agree that, during the child's participation in the program and after the conclusion of the program, said child will not disclose the confidential information to anyone, including myself/ourselves, in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I (We) hereby consent to and expressly authorize the release of said child's name, hometown and the name of the school said child attends while child is participating in the program. I acknowledge that UAMS may release this information to stakeholders of the M*A*S*H* Programs, Arkansas Colleges and Universities, and others UAMS deems necessary to further the program. I acknowledge that this is a limited release of confidential student information under the Family Educational Rights and Privacy Release Act ("FERPA").

I (We) understand that there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted. I (We) agree on behalf of said child 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 said minor child related to or arising out of the child's participation in the program and/or tour of UAMS or associated facility or hospital and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on behalf of said child, or in their own right, arising out of said participation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by said child. I (We) 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 (We) agree that these conditions and agreements are binding on all of my (our) heirs, executors, administrators, representatives, assignees and successors in action.

I (We) have read and understand the above and willingly agree to said terms and conditions. This authorization was signed voluntarily with the express understanding that this release will allow access by certain individuals to limited student information about said child that participates in this program.

Signature _____ Date: _____

State relationship to child: _____

Signature _____ Date: _____