

Important advisories:

- Job shadow participants must be at least 16 years old.
- Job shadow experiences generally last no more than 12 hours.
- Participants should wear appropriate clothing during their job shadow experience. Wear clothes you do not mind getting dirty.

## **Waiver and Release of Liability/Confidentiality Agreement**

I, \_\_\_\_\_, agree to participate in a job shadowing experience provided by Deckerville Veterinary Clinic, P.C. (dba Thumb Veterinary Services) located at 60 E Miller Road, Sandusky, MI 48471.

Job shadowing work experience is a temporary, unpaid exposure to the veterinary workplace and is entirely voluntary. I hereby acknowledge that by attending and participating in the job shadowing experience that I am fully aware of the possibility of physical illness or serious/fatal injury, including, but not limited to, exposure to pathogens and other potentially infectious materials and animal bites, and I knowingly assume any and all risks associated with the job shadowing experience. I do hereby for myself, my personal representatives, heirs, assigns, and all others who might have a similar claim, waive, release, and forever discharge any and all rights, claims, and liabilities for injury whether from exposure during the job shadowing experience or otherwise and whether foreseen or unforeseen, known or unknown, which may arise now or in the future against Thumb Veterinary Services and its owners, administrators, officers, agents, or representatives, for any and all damages which I may sustain or suffer while attending and participating in the job shadowing experience. I agree not to sue Thumb Veterinary Services for any of the claims and liabilities that I have waived, released, or discharged herein; and I indemnify and hold harmless Thumb Veterinary Services from any claims made or liabilities assessed against them as a result of my actions. I understand that this release, waiver and agreement to indemnify and hold harmless, includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of Thumb Veterinary Services.

I have provided to Thumb Veterinary Services proof of medical insurance covering myself for any injury that may occur during the job shadowing experience and fully understand that I am solely responsible for any and all medical expenses that are not covered or paid for by my medical insurer.

I agree to keep confidential and not disclose to any person any confidential information that I learn in connection with the job shadowing experience and, if I am unclear about what constitutes confidential information, to ask the person at Thumb Veterinary Services who is supervising my job shadowing experience. Examples of information considered confidential include, but are not limited to, patient or client names, farm address/location, disease information, or any other facts that could identify a patient or client. I agree not to photograph or video any of Thumb Veterinary Services' clients, patients, or any medical procedures. Posting information about clients and/or patients on any social media account is also prohibited to protect patient/client confidentiality. I understand that any property of Thumb Veterinary Services that I receive and all records and papers of any kind relating to Thumb Veterinary Services shall be the exclusive property of Thumb Veterinary Services.

Without the prior written consent of an authorized officer of Thumb Veterinary Services, I shall not duplicate or disclose to any third party any confidential or proprietary information or trade secret(s) pertaining to the business, products, or services of Thumb Veterinary Services.

By signing this Waiver and Release of Liability I consent to the use of my name and/or photograph or other likeness by Thumb Veterinary Services without any additional compensation or inspection. I also confirm that I am over the age of 18 or if I am under the age of 18, my parent or legal guardian has signed on my behalf, and that all facts in the Waiver and Release of Liability are true.

I further state that I have carefully read the foregoing Waiver and Release of Liability/Confidentiality Agreement, know the contents thereof, understand that by signing it I have given up substantial rights, and agree to sign this Waiver and Release of Liability as my own free act and deed.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Legal Guardian  
(if participant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Phone Number

**ATTACHED DOCUMENTS:**

- Photocopy of participant's ID (if you do not have a state-issued ID, a school ID is fine)
- Proof of medical insurance for participant

This release (and associated documents) must be returned in order to be considered for a job shadow!

Please email completed forms and documents to [reception@thumbvets.com](mailto:reception@thumbvets.com).

**IN CASE OF MEDICAL EMERGENCY:**

If the participant has any severe allergies (including allergies to medications) or chronic medical conditions (epilepsy, for example) please list them below. Please also include any restrictions, impairments, needs or concerns of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
1st emergency contact name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd emergency contact name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3rd emergency contact name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_