

Attestation and Release Form

For Community Giving through Special Visits and Projects to take place inside CAMC

Name: _____ Phone: _____

Address: _____

City State, Zip: _____ Email: _____

Emergency Contact: _____ Phone: _____

I, _____, wish to volunteer my time for one or more special visits to, or community service activities at, Charleston Area Medical Center, Inc. ("CAMC"). I understand and agree that my voluntary community services and/or special visits as such shall be without any financial compensation or remuneration.

I understand and agree that, when performing special visits to or rendering voluntary community services at CAMC, I will be expected to follow all rules and regulations of the hospital in order to protect my safety and health, and to protect the safety and health of patients, staff and visitors of CAMC facilities.

I understand and agree that there are risks inherent to visiting and/or rendering voluntary community services in a hospital facility. Being fully aware of and assuming all such risks, I do hereby fully release, hold harmless and discharge CAMC and its officers, directors, and employees from any and all losses and liability of any kind or character, including but not limited to liability for illness, injury, or death that I may incur while participating in such voluntary services or special visits.

I understand and agree that if I sustain an injury and am in need of medical treatment during my special visits to or voluntary community services in a CAMC facility, I will be referred to the nearest CAMC Emergency Department for treatment, and my insurance will be responsible for the cost of my care.

I understand and agree that I am not permitted to and am, in fact, prohibited from taking photographs of any portion of my special visits to or voluntary community services at CAMC unless expressly authorized in advance by the CAMC Marketing Department. My employee guide, however, may take pictures to document your visits as long as it is assured that no patients or patient information appears in the photograph. These photos can be shared with you.

I expressly consent to CAMC's right to use images and videos of my special visits to or voluntary community service activities at CAMC, when such images and/or videos have been taken by CAMC's Marketing Department or CAMC staff facilitating such special visits or voluntary community services.

I expressly understand and agree that, for the safety of CAMC patients, staff, and visitors, I am required to satisfy each of the following infection prevention measures in advance of any special visits or volunteer services:

____ I agree to not come to the hospital for the visit or service activity if I am feeling unwell or have a fever or have had recent contact or exposure to a communicable disease.

____ I agree to use proper hand hygiene and cough etiquette in preparation to and during my visit. I acknowledge that I have reviewed and agree to abide by the hand hygiene and cough etiquette information provided on the CAMC Volunteer Services website.

_____ I attest that I have received the most recent annual flu vaccine (if my special visits and/or voluntary services will occur during the months of October through April).

_____ I agree that any information regarding patients that I see or hear during my special visits or community service activities at CAMC will be held in strict confidence and that I will not share any such confidential patient information with anyone else. (This includes but is not limited to name, treatment information or diagnosis.)

_____ I agree to follow the guidance of the hospital facilitator during my visit or community activity.

_____ I have read all the information contained in the guidelines set forth on the CAMC Volunteer website prior to my special visits or voluntary community activities at CAMC and do hereby agree to fully abide by all such guidelines.

I have carefully read the foregoing Attestation and Release and understand the terms set forth herein and their legal significance. I hereby acknowledge and agree that this Attestation and Release has been freely and voluntarily given by me, and is intended to bind not only me, but also my heirs, representatives, and assigns.

_____ Signature _____ Date

_____ Printed Name

_____ Volunteer Service Staff Signature

_____ Visit/Activity Location and Date