

EXHIBIT C

JOHNS HOPKINS HEALTH SYSTEM CLINICAL PLACEMENT WAIVER AND RELEASE FOR STUDENTS

Affiliates of The Johns Hopkins Health System (“JHHS”) host students in numerous specialties to support the development and education of future health care professionals. JHHS Affiliates include acute care hospitals, clinics, surgery centers, home health care organizations, and other entities that provide health care services. In addition to JHHS itself, “Affiliates” hosting students include, but are not necessarily limited to, The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital, Inc. dba Johns Hopkins Howard County Medical Center, Suburban Hospital, Sibley Memorial Hospital, Johns Hopkins All Children’s Hospital, Johns Hopkins Home Care Group dba Johns Hopkins Care at Home, Johns Hopkins Community Physicians, Johns Hopkins Medicine International, and Johns Hopkins Healthcare LLC dba Johns Hopkins Health Plans.

This Waiver and Release is executed by the “Student” named below to cover the Student’s participation in a clinical placement with an “Affiliate” of The Johns Hopkins Health System.

The Student acknowledges and is aware that his/her anticipated clinical placement with a JHHS Affiliate could include exposure to various patient care areas, laboratory, and/or research environments, and has certain inherent risks. Working in a medical environment carries with it the possibility of personal injury, as well as potential exposure to airborne or blood borne pathogens, which could lead to an infectious illness such as AIDS, Hepatitis, TB, influenza, COVID-19, or other illness. The clinical placement could involve handling of sharp instruments or other equipment that could cause injury if not handled properly. The Student assumes all risks inherent in participating in the clinical placement, and agrees to follow all required precautionary measures, including without limitation, personal protective equipment and physical distancing requirements, as well as instructions as may be provided by Johns Hopkins staff.

If the clinical placement includes participating in a ride-along opportunity in a land or air medical response vehicle, the Student acknowledges that such ride along opportunity may be dangerous and may result in bodily injury and/or death, as well as the exposure risks set forth in the preceding paragraph. The Student assumes all risks inherent in medical transport activities, as well as riding along and responding to emergencies with lights and sirens, and the risks found at the scene of an emergency. The Student agrees to follow all precautionary measures and instructions given by Johns Hopkins and the transport company staff.

If the clinical placement involves visits to patient homes, or other “off-site” environments, the Student acknowledges and is aware that Johns Hopkins cannot guarantee the safety of the environment, the domestic situation, or other factors. Student agrees to follow all precautionary measures and direction provided by Johns Hopkins staff, and to alert staff of any perceived safety concerns. Except for the ride-along opportunity discussed above, Students are responsible for their own transportation when traveling to and from different locations as a part of the clinical placement.

By signing below, the Student (and his/her legal guardian if the Student is a minor) accepts the risks inherent in the clinical placement and agrees to abide by all rules and instructions provided. The Student and legal guardian understand that failure to follow instructions and rules can lead to removal from the placement.

Having been advised of and accepting the inherent risks of a clinical placement, the Student (and the Student’s legal guardian if the Student is a minor) hereby releases and waives all claims against the Johns Hopkins Affiliate that is hosting the Student, as well as its affiliates, parent organization, and their respective trustees, officers, agents, employees, and assigns, whether related to activity on or off of Johns Hopkins property or in any land or air medical response vehicle, arising out of the inherent risks stated above; the Student’s negligence; or the Student’s failure to follow rules or instructions.

I have read and agree to the terms of this Clinical Placement Waiver and Release.

Student Name: _____

Student Signature & Date: _____

If Student is a minor: Legal Guardian Name & Relationship to Student: _____

Legal Guardian Signature & Date: _____