

**OBSERVERS IN PATIENT CARE AREAS**

1. I have been advised that if I am allowed into a Patient Care Area, I will be asked to leave if I impede the ability of any Hospital persons in performing their tasks, or if my presence is for any reason disruptive I agree to leave immediately if requested to do so.
2. I have been advised that there may be certain health or other risks to me by virtue of my presence in the Patient Care Area, including but not limited to exposure to blood or airborne disease.
3. I have been advised that in the event that I should feel ill or faint, others present may be unable to come to my aid, and I may be injured if I fall.
4. I understand that by virtue of my presence in the Patient Care Area, and the surrounding areas, I may see or hear information that relates to patients and their medical situations. I agree to maintain absolute confidentiality of all such information.
5. In consideration of being allowed to be present in a Patient Care Area, I hereby release Aspen Valley Hospital, its trustees, officers, employees, and agents from any and all liability or claim for damages of any kind arising out of any harm or injury which I may sustain while in the Patient Care Area or on the premises, and I knowingly and voluntarily assume all risk in connection with my presence there.

Observer Signature

Dated

Timed

Observer Signature

Dated

Timed

Observer Signature

Dated

Timed

Witness Signature

Dated

Timed