

RELEASE OF LIABILITY

&

CONFIDENTIALITY AGREEMENT

St. Tammany Parish Coroner's Office

Notice: This form contains a release and waiver of liability and a confidentiality agreement and, when signed, is a CONTRACT with legal consequences. Please read carefully before signing.

In consideration of the opportunity to participate in educational coursework and/or for training purposes, possibly to include presentations, video, facility tours, and autopsies, at the St. Tammany Parish Coroner's Office, I the undersigned Participant, agree to enter into the following contractual agreement:

I, the undersigned Participant, understand that as a Visitor to the St. Tammany Parish Coroner's Office I am not covered by the City-Parish health insurance benefits or by the City-Parish Worker's Compensation. I do hereby knowingly, freely and voluntarily assume all risk, responsibility, and liability for any damage, injury or death that may occur during the activities of the event. Should I sustain any injury during my visit, I will immediately report the matter to the St. Tammany Parish Coroner. If witnessing an autopsy, I understand that I may be exposed to various potential pathogens, and I agree to wear personal protective equipment and take responsibility for assuring this gear is worn properly at all times while in the Morgue area. I agree to release, waive, discharge and covenant not to sue St. Tammany Parish, St. Tammany Parish Coroner's Office, its officers, agents, employees and other persons present from any and all liability or claims that may be sustained by me or other third parties directly or indirectly in connection with or arising out of my participation, whether caused in whole or in part by the actions or negligence of St. Tammany Parish, St. Tammany Parish Coroner's Office or otherwise.

Because of the sensitive nature of materials covered during the Medicolegal death investigation, I agree to display proper decorum and to assume full responsibility for my conduct. I do hereby acknowledge that any information gained during this activity shall be in conjunction with the performance of the duties and responsibilities of the personnel involved and that such information is to be kept **in strict confidence** and cannot be disclosed to any others.

I, undersigned Participant have read and understand this form. I further understand the terms of this agreement and that I, on behalf of myself, my heirs, personal representatives, or anyone who may claim to have rights on my behalf, have relinquished substantial rights by signing this agreement. I, the Participant, shall pay all claims, suits or actions of any kind or nature where applicable including appellate proceedings and shall pay all costs, judgments and attorney fees which may issue thereon. By signing this form, I am doing so freely and without any inducement or assurance of any nature and intend it to be complete and unconditional release of any and all liability to the greatest extent allowed by law.

I, the undersigned Participant, agree to fully indemnify and save harmless St. Tammany Parish, St. Tammany Parish Coroner's Office, its officers, and employees and against all actions, costs, liabilities, claims, losses, judgments, penalties and expenses of every kind.

By signing this form, I am doing so freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law.

Participant Name (PRINT): _____

Participant Signature: _____

Date Signed: _____

Parent/Guardian of Minor (PRINT): _____

Parent/Guardian of Minor (SIGNED): _____

Emergency contact name and number: _____