

Student's Name: _____

UH ID#: _____

Program: _____

UNIVERSITY OF HAWAII • KAPI'OLANI COMMUNITY COLLEGE

Nursing Department

UNDERSTANDING AND AGREEMENT

I, the undersigned, a student enrolled in the _____ Program
(ADN, LPN-RN, PRCN, LTCNA, SURG TECH)

of the University of Hawai'i, Kapi'olani Community College, Honolulu, Hawai'i, (hereinafter the

University) from _____, 20____ through _____, 20____
(month, year beginning program) (month, year ending program)

understand that as a part of the program, I will be receiving instruction and be provided with the opportunity to learn the application of patient care theory through observation and participation in the care of patients at various clinical agencies and medical/health care offices.

In conjunction with my participation in the program, it is expressly understood that I have read and fully understand the written safety and other rules and precautions that are a part of the requirements for my participation in the above referenced course/activity as well as those explained to me by my instructor(s), and I agree strictly to observe them; and, further, I do for myself, my heirs, executors, and administrators hereby accept full responsibility for and indemnify, release, and hold harmless the University, its agents, and employees from any and all claims for actions for property damage, and/or personal injury which may result from my failure to abide by these policies, procedures, and directives or from causes beyond the control of, and without the fault or negligence of the University, its officers, agents, or employees, during the period of my participation as foresaid.

Signature of Student Participant

Date

Printed Name of Student Participant

Co-signature of parent or guardian
if student/participant is under 18 years of age

Date