



Intermountain
Center for Disaster Preparedness

Intermountain Healthcare

Intermountain Center for Disaster Preparedness

General Release and Agreement

THIS GENERAL RELEASE AND AGREEMENT ("Agreement") is made this ___ day of _____, _____, by and between _____ (hereinafter "Releasor") and the IHC Health Services, Inc., dba the Intermountain Center for Disaster Preparedness (ICDP) (hereinafter referred to as the "ICDP"), on behalf of itself and its training support contractor(s) (ICDP and any such support contractor(s) collectively referred to hereinafter as "Releasees").

WHEREAS, the ICDP is offering First Responder and First Receiver Training Course(s) in Salt Lake City, Utah, to Emergency Responders, Managers, and First Receivers for the purpose of developing emergency response skills to address incidents of terrorism, hazardous materials and use of weapons of mass destruction; and WHEREAS, Releasor wishes to participate in the Training Course(s) from ___/___/___ to ___/___/___; and

WHEREAS, the Releasor enters into this Agreement releasing Releasees from any and all claims and causes of action the Releasor has or may have from the beginning of all time through any time in the future which may arise from Releasor's participation in said Training Course(s); and WHEREAS, Releasor acknowledges the inherently strenuous and physically demanding nature of some of the hands-on practical training involved in the Training Course(s), and his/her duty to inform the ICDP of his/her physical limitations or any other factors that might affect his/her ability to safely complete the course of instruction at any time before or during the conduct of the Training Course(s); and

WHEREAS, Releasor acknowledges that the Training Course(s) will be delivered by Intermountain Healthcare employees and independent contractors engaged by the ICDP.

NOW THEREFORE, in consideration as set forth herein, the value and sufficiency of which is hereby acknowledged, the Releasor, intending to be legally bound, agrees as follows:

1. Release. Releasor agrees, for him/herself, his or her heirs, legal representatives, successors and/or assigns, to remise, release, forgive, acquit, satisfy, forever discharge, indemnify, defend, and hold harmless Releasees from any and all manner of actions, causes of action, suits, debts, covenants, contracts, controversies, agreements, promises, claims and demands whatsoever, which said Releasor, his or her heirs, legal representatives, successors and/or assigns has ever had, now has, or may in the future have, known or unknown, from the beginning of all time or in the future against the Releasees arising directly or indirectly out of the Training Course(s), including, but not limited to, actions sounding in breach of contract, negligence or any other tort.

2. No Admission. The Releasor expressly understands that nothing in this Agreement shall be construed as an admission of liability on the part of Releasees, nor shall anything in this Agreement be construed or be admissible in any proceeding as evidence of or an admission by Releasees of any violation of policies, procedures, state, federal, and/or local laws or regulations.

GENERAL RELEASE AND AGREEMENT

3. No Effect on Workers' Compensation Laws. This Agreement is solely between Releasor and Releasees and is not intended in any way to interfere with Releasor's rights under the Workers' Compensation laws of his/her jurisdiction.

4. Understanding. The Releasor hereby acknowledges that s/he fully understands the terms and conditions of this Release and that s/he warrants his/her capacity to agree to and to execute this Release.

5. Entire Agreement. The entire Agreement of the Releasor and ICDP is stated herein and no other representations, either oral or in writing, has been made which are not expressly set forth herein.

6. Severability. In case any provision or part of this Agreement shall be held invalid, illegal, or unenforceable, in whole or in part, neither the validity of the remaining part of such item, nor the validity of any other term of this Agreement shall be in any way affected hereby, and this Agreement shall be enforced in its present form as may be modified by a court of competent jurisdiction.

7. Governing Law. This agreement shall be interpreted and construed in accordance with the laws of the State of Utah, without application of any principles of choice of laws.

8. Counterparts. This Agreement may be executed in counterparts, and each counterpart, when executed, shall have the efficacy of a signed original.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I SIGN THIS AGREEMENT KNOWINGLY AND VOLUNTARILY.

_____ Date

_____ Releasor's Name

_____ Witness

_____ Releasor's Signature

_____ ICDP Class Name

_____ ICDP Class Date

The Intermountain Center for Disaster Preparedness
8th Avenue and C Street, 3rd Floor – LDS Hospital
Salt Lake City, Utah 84143





Intermountain
Center for Disaster Preparedness

Authorization to Use and Disclose Information for Media or Public Relations

(Please print legibly)

_____ Name	_____ Phone Number (Home or Cell)
_____ Address	
_____ Address	_____ Work Number
_____ Date of Birth	_____ E-mail

This authorization allows Intermountain Healthcare to release the following information to the public in relation to

- Full name
- Image (photographs, video, film)
- Story and statements
- Medical information (diagnosis, procedures, treatment information, and projected outcomes)
- Other _____.

I understand:

1. I can refuse to sign.
2. I can cancel this agreement, through writing the Communications department, at any time, for any reason, so my information cannot be disclosed in the future. The address is:

Intermountain Healthcare Communications
36 South State Street, Floor 22
Salt Lake City, UT 84111

Otherwise, this release will not expire as long as Intermountain Healthcare continues operations. I understand a cancellation will not affect any release prior to the receipt of my revocation, and that Intermountain is not liable for information already disseminated.

3. Refusing or changing my mind will not negatively affect me or my family in terms of treatment, payment, or patient benefit.
4. Federal privacy rules govern Intermountain's usage of this information, including allowing me to request, in writing, a copy of any information shared or used under this authorization.
5. I understand that other will see the information shared publicly because of this release. They may not be governed by the same Federal privacy rules.

I understand what information is being released, and questions about this form have been answered to my satisfaction. I give authorization and release my information to Intermountain Healthcare to be disclosed in news media, public relations, publications, advertising, fundraising purposes, social media channels, and other communications.

_____ Signature of Patient or Legal Representative	_____ Date
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_____ If signed by Legal Representative, Relationship to Patient	_____ Signature of Witness (optional)
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Simulation Confidentiality Agreement

During my time in Simulation at the Intermountain Center for Disaster Preparedness (ICDP), I will observe other managing simulated medical events and I will also participate in these activities. To promote an open and secure learning environment I will maintain and hold confidential ALL information regarding the performance of specific individuals and details of specific scenarios. This means my participation and observations are NOT shared in e-mails or social media.

I authorize the ICDP staff to show audio/visual recordings of my team and me to enhance my learning experience. The goal of the Simulation is to gain insight into improving clinical performance outcomes, and viewing the scenario videos can assist in this goal. I understand that the photographs and/or video will not be utilized for any public viewing or for commercial use without my written permission.

I understand that simulation videos may be used for quality and research purposes and will be erased according to the simulation program policies and procedures, and that simulation staff agree to maintain the strictest confidentiality pertaining to my performance and video recordings as allowed by law.

By signing below, I acknowledge having read, understood, and agree to the above.

Print Name

Role During Simulation
(MD, RN, RRT, PA, RPh, Simulation Volunteer, etc.)

Phone Number

Department/Affiliation

Signature

Date

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