



Cheyenne River Animal Hospital
PO Box 536, Edgemont, SD 57735
605-662-7838



Internship/Externship Liability Wavier/Release Form

Name: _____

School: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Email: _____

I, the undersigned, hereby acknowledge to Cheyenne River Animal Hospital the following:

1. I am aware of the risks associated with being actively involved in veterinary activities (both inside and outside) and with being with other persons and animals while on my internship/externship from Cheyenne River Animal Hospital.
2. I release, waive and discharge Cheyenne River Animal Hospital, its employees, other volunteers or students, its clients, agents and trustees from any and all liability, to me, my heirs and next of kin for any and all claims demands, losses or damages, related to my internship/externship of Cheyenne River Animal Hospital.
3. I understand the nature of the internship/externship of Cheyenne River Animal Hospital and the activities involved. I state that I, the individual named on this form, am in adequate health and mental clarity to perform, participate or observe the activities carried out through this program.
4. I acknowledge that I will have access to confidential information of the practice, their patients, and clients. I will hold all information confidential and will not disclose any personal, medical, or any other confidential information during or after my time at Cheyenne River Animal Hospital.
5. I understand that as an intern/extern I will be representing Cheyenne River Animal Hospital through interactions with patients and clients, and I will present myself in a professional manor.

6. I understand that I am responsible for my own hours and experiences while at Cheyenne River Animal Hospital, making sure I have enough to complete my school's requirements. I understand the schedule needs to be flexible and that set lunch time or work end time may be missed or rearranged due to country work or emergencies.
7. I understand that I have a right to refuse to participate in activities to preserve my safe wellbeing. I promise to voice those concerns prior to the involved activities. I understand my evaluation or recommendations will not be based on my involvement but more on my attitude, knowledge, and educational growth while at Cheyenne River Animal Hospital.
8. I understand that medical bills, costs, or expenses are my responsibility.
 - I am currently covered by health insurance that will cover treatments for potential injuries and illnesses resulting from my participation with Cheyenne River Animal Hospital. I am not presently covered by health insurance.
 - I understand that Cheyenne River Animal Hospital is not responsible for paying medical expenses for injuries sustained by me while participating with Cheyenne River Animal Hospital.
9. I have professional liability insurance either through my school or through the AVMA PLIT program.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

SIGNATURE

DATE