

4. Observer/Authorized Guest understands that s/he is not, and will not be considered, an employee/staff member of UHN. Observer/Authorized Guest are not entitled to salary, benefits, reimbursement of expenses or other compensation. Observer/Authorized Guest understands that s/he will not be provided with liability coverage or medical insurance during the observation period and will not be covered by workers' compensation coverage if injured during the observation period.
5. Prior to the start of the observation period, Observer/Authorized Guest must self-screen for communicable diseases prior to entering the hospital (self-screening tool is available on UHN website under 'Patients and Visitors' section). Observer/Authorized Guest agrees not to enter the hospital if s/he has a sign or symptom of a communicable illness or otherwise fails self-screening. Observer/Authorized Guest agrees to leave hospital if s/he develops a sign or symptom of a communicable illness.
6. UHN may terminate the observation experience at any time and in its sole discretion by providing notice to the Observer/Authorized Guest or instructing the Observer/Authorized Guest accordingly. Observer/Authorized Guest understands and agrees that s/he may be required to leave UHN premises immediately should observation period be terminated by UHN. Observer/Authorized Guest acknowledges that no appeal or grievance rights exist to challenge the termination of an observation experience.
7. Observer/Authorized Guest, for him or herself, his or her personal representatives, heirs, assigns and all others who might have a similar claim, waive, release and forever discharge UHN, its respective employees, directors, agents, staff and other representatives from any responsibility or liability for personal injury (including, but not limited to, illness, death and damage to or loss of property) that Observer/Authorized Guest may incur due to the negligence of UHN and their respective employees, directors, agents, and other representatives, or due to accidental occurrences arising from activities relating to this observation experience, whether foreseeable or not.
8. Observer/Authorized Guest agrees that this Observation Agreement shall be construed, interpreted and enforced in accordance with, and respective rights and obligations of the parties shall be governed by, the laws of the Province of Ontario and the laws of Canada. You irrevocably and unconditionally submit to the exclusive jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom.

Observer/Authorized Guest ACKNOWLEDGMENT

Observer/Authorized Guest warrants that s/he has read this Observation Agreement, understands its contents and will abide by the terms of this Agreement.

Name: Arushri Swarup

Sign: Arushri Swarup

Title: _____

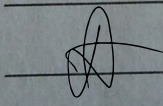
Date: 31-May-2017

SPONSOR & SIGNING AUTHORITY ACKNOWLEDGMENT

We have read, understood and agree to comply with the terms of this Observation Agreement and the UHN External Observers Policy in my capacity as Sponsor.

Sponsor

Name: Dr David Pothier

Sign: 

Title: Staff Otolaryngologist

Date: 2017-05-31

Signing Authority (level above Sponsor)

Name: _____

Sign: _____

Title: _____

Date: _____