



Approved as to Form

Nancy McClain Alfonso

General Counsel, HCSB

VOLUNTEER AGREEMENT AND RELEASE

Access Health Care Physicians, LLC, a Florida limited liability company ("Company") and _____, an individual whose address is _____ ("Volunteer") have entered into this Agreement this _____ day of _____, 20____ and agree to the following terms and conditions:

Volunteer's assignment begins _____, 20____, and is expected to continue through _____, 20____. The Volunteer's expected schedule is as follows: _____

Volunteer is required to take all the required HIPAA and OSHA training provided by Company and shall sign a confidentiality agreement prior to any volunteer services performed.

Either party, however, may terminate this agreement at any time for any reason upon immediate notice, oral or written, to the other party.

The Volunteer will perform services under the direction and control of the following Company employee and office: _____

The Volunteer will perform the following services: _____

Volunteer agrees to follow the directions of the staff and to abide by Company policies and procedures while carrying out these volunteer services. Volunteer acknowledges receipt of Company's equal opportunity policies when signing this Agreement.

Volunteer is not an employee of Company and is not entitled to receive a salary, benefits, or other compensation. Volunteer understands that he/she does not qualify for worker's compensation benefits and is expected to carry personal medical insurance to cover medical expenses for injuries he/she incurs while performing volunteer services.

To the extent Volunteer is not a citizen or permanent resident of the United States, Volunteer certifies that he/she has an appropriate Visa status that authorizes the Volunteer to be present in the United States and allows Volunteer to participate in this volunteer experience.

The parties agree that this is the entire agreement, and no agreement, oral or written, exists outside of this agreement.

Volunteer releases Company and its officers, employees, agents, and representatives from any responsibility or liability for personal injury, including death, and damage to, or loss of property, that the Volunteer may incur due to the negligence of the Company, its

officers, employees, agents, and representatives or others due to accidental occurrences while visiting Company or otherwise engaging in activities pursuant to the Agreement.

RELEASE

Volunteer releases Company and its officers, agents, and representatives from any responsibility or liability for personal injury, including death, and damage to, or loss of property, that Volunteer may incur due to the negligence of Company, its officers, employees, agents, and representatives or others due to accidental occurrences while visiting Company or otherwise engaging in activities pursuant to the Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement and Release as of the date below.

Access Health Care Physicians, LLC

Volunteer

By: _____
Karen Hayes, Chief Financial Officer

By: _____
Print Name: _____

Date: _____

Date: _____

NOTICE

Volunteers and Visitors under eighteen (18) years of age must have this agreement co-signed by their parent or guardian. This is to certify that I, as a parent/guardian with legal responsibility for this Volunteer/Visitor, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless Company from any and all liabilities incident to my minor child's involvement as a Volunteer/Visitor, EVEN IF ARISING FROM THE NEGLIGENCE OF COMPANY, to the fullest extent permitted by law.

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Address: _____

Phone Number (____) _____ - _____