



J. Johnson Education Center, Ltd.
7905 W. Appleton Avenue
Suite 202
Milwaukee, WI 53218
Ph: (414)438-9390 Fax: (414)438-9392

NURSE AIDE PROGRAM RELEASE AND WAIVER OF LIABILITY

AGREEMENT OF RELEASE made this day between **J. JOHNSON EDUCATION CENTER ("JJEC")** and _____ ("Student").

In consideration of Student being permitted to enroll at JJEC in the nurse aide/certified nursing assistant program and acknowledgment of Student of the following facts:

1. That Student will be required, as part of the normal educational process towards Student's certification, to be placed in a teaching environment including, but not limited to, local medical institutions, nursing homes, assisted living centers and other environment (hereinafter called medical affiliates), all of which are affiliated with JJEC for these purposes and be transported to and from these medical affiliates and in so doing, Student may be exposed to conditions which could cause bodily injury and/or death and may be exposed to patients afflicted with fatal or potentially fatal disease processes which may be of a contagious nature; and,
2. That Student will be first provided as part of the normal educational process toward Student's certification with detailed information about the nature, risks and preventive measures related to communicable diseases of a fatal or potentially fatal nature prior to assignment of Student;
3. That Student could be exposed to high risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize JJEC officials to transport Student to and from and place Student in the respective medical affiliates as they deem necessary for the successful completion of Student's specific educational program; and
2. Release, waive and covenant not to sue JJEC, its officers, agents, employees and persons or entities (including medical affiliates/training facilities) acting together with JJEC in its educational programs (hereinafter collectively called Releasees) from all liability to Student for any and all loss or damage, and any claims or demands whatsoever on account of injury to the person or property or resulting in death of Student emanating from exposure to said disease processes and toxic substances, or any of these, or while being transported to or from a medical affiliate, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the medical affiliates or being transported to and from said affiliates; and
3. Indemnify and hold harmless Releasees from all loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates, or while Student is being transported/or transporting self to or from said affiliates; and
4. Hereby assumes full responsibility for any and all risks of bodily injury, death, or property damage due to negligence of Releasees or otherwise, due to Student participation in the normal educational process in the medical affiliates described above, or being transported to or from said affiliates.



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Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or of contracting fatal or potentially fatal disease processes and exposure to high risk toxic substances and/or incidents or injuries could occur on premises as accidents and incidents can occur.

THE UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Wisconsin and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and agrees that no oral representation, statements or inducements apart from the foregoing written Agreement have been made.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

I UNDERSTAND I ASSUME ALL RISKS INHERENT IN THE EDUCATIONAL PROCESS AND CLINICAL EXPERIENCE CONDUCTED IN THE MEDICAL AFFILIATES OF JJEC(INCLUDING BEING TRANSPORTED TO OR FROM SAID AFFILIATES) AS PART OF MY PROGRESSING TOWARD CERTIFICATION, ALL AS SET OUT ABOVE.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Student Signature

Date

Parent/Guardian Signature (required if student is a minor)

Date



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Photo Release Waiver

I, _____ hereby ☐ grant or ☐ do not grant (check one) to J. Johnson Education Center the absolute and irrevocable right and unrestricted permission in respect of photographic portraits or pictures and video that J. Johnson Education Center has taken during class of me or in which I may be included with others, to copyright the same, in J. Johnson Education Center's name or otherwise; to use, re-use, publish and re-publish the same in whole or in part, individually or in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration; and to use of my name in connection therewith if J. Johnson Education Center so chooses.

I hereby release and discharge J. Johnson Education Center from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assigns of J. Johnson Education Center, as well as the person(s) who took the photographs.

I am of full age and have the right to contract in the above regard or my parent/guardian has the right to contract in the above regard and has signed below. No payment has been promised or is anticipated. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

This authorization shall be effective immediately.

SIGNATURE	DATE
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PARENT/GUARDIAN SIGNATURE (required if student is a minor)	DATE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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