



**Statement of Responsibility  
Protected Health Information**

www.columbiastate.edu

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**EXHIBIT B**

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at all contracted clinical affiliate sites, the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the Program operated by Columbia State Community College at Affiliate unless such injury or loss arises solely out of Affiliate's gross negligence or willful misconduct.

\_\_\_\_\_  
Print Name (Student)

\_\_\_\_\_  
Signature of Student/Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian if Student is under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Parent or Legal Guardian)