

Houston Physicians' Hospital
Observer Statement of Responsibility

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at Houston Physicians' Hospital (the "Hospital"), 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 observing at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Observer Name (Printed): _____

Observer Signature: _____ Date: _____