

Harmony Health Career Training Training Liability Waiver

Read in detail

I agree to take the nurse aide training course. I understand the following:

I will listen to the instructors. I will obey the safety steps. I will use social distancing where available. I will wear my own face mask over my nose and mouth at all times. I will put on gloves and/or sanitize my hands often.

When practicing skills and during clinical rotations. I will be asked to perform healthcare skills. I will perform these skills on a live person and on a mannequin. The skill steps will include close physical contact with other students and instructors. I also understand that I will be asked to play the role of a nursing home patient (client). I will have another student or instructor (for demonstration purposes) perform skills on me. When I am the patient, for some skills, I will be in close physical contact with other students and with the instructors.

I accept all risks included in taking the nurse aide course including performing and practicing skills at the school and clinical sites(if applicable according to North Carolina executive orders related to COVID-19) and completing nurse aide training.

Read all of the content above before signing:

Waiver must be signed and dated.

Print Full Name of Student: _____

Date of Birth: _____

Read Before Signing:

Signature of Candidate and Date :_____