



## RELEASE AND WAIVER OF LIABILITY FOR BLOOD AND BODILY FLUID EXPOSURE

**WARNING! BY SIGNING THIS AGREEMENT YOU GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!**

This agreement must be completed in full (signed, dated, and witnessed) in the event of any blood and bodily fluid exposure incident, as defined by the Calgary West Central Primary Care Network's Blood and Bodily Fluid Post Exposure Protocol, where the injured party refuses to seek immediate urgent medical attention.

### INCIDENT SUMMARY

|                       |  |            |  |
|-----------------------|--|------------|--|
| Date:                 |  | Witnesses: |  |
| Time:                 |  |            |  |
| Location:             |  |            |  |
| Activity:             |  |            |  |
| Description/Comments: |  |            |  |

### WAIVER AND RELEASE

I, \_\_\_\_\_, having declined to seek immediate urgent medical attention for the incident described above in contravention of the Policies of Calgary West Central Primary Care Network, do hereby release and hold blameless Calgary West Central P.G. Co, Calgary West Central Primary Care Network, and any of their agents, employees, contractors, members, governors, facilities, their heirs, executors, administrators, and representatives (the "Releasees") from any and all liability arising from any loss, damage, injury, illness, disease, expense, or death that I may suffer, or that my next of kin may suffer as a result of this incident, and do waive any further assistance from the Releasees in any form with respect to any loss, damage, injury, illness, disease, expense, or death that may arise from this incident.

I acknowledge that it is my responsibility to seek appropriate medical care following exposure to blood and bodily fluids. I have been advised of the risks associated with failing to seek immediate medical attention for the above described incident which include, but are not limited to the contraction of Hepatitis and HIV. I therefore freely and voluntarily accept and assume all such risks associated with my decision to not seek immediate medical attention. I acknowledge that I have read and understood this agreement and that with my signature, it is legally binding upon myself, my heirs, executors, administrators and representatives. I sign it of my own free will.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at Calgary, Alberta.

#### RELEASOR

#### WITNESS

\_\_\_\_\_  
Releasor name *(please print)*

\_\_\_\_\_  
Witness name *(please print)*

\_\_\_\_\_  
Releasor signature

\_\_\_\_\_  
Witness signature