



LAS PALMAS  
DEL SOL  
HEALTHCARE

## STATEMENT OF RESPONSIBILITY

In exchange for the opportunity to gain experience in evaluation and treatment of patients at El Paso Healthcare System, Ltd. d/b/a/ Las Palmas Del Sol Healthcare – Las Palmas Campus and Del Sol Campus ("Hospital"), I and on behalf of my heirs, successors and/or assigns, agree to be solely responsible for any injury or loss I sustain while participating in the educational program at Hospital, unless the injury or loss arises solely out of Hospital's gross negligence.

Program Participant's Printed Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_