



# PennVet

## Clinical Sciences & Advanced Medicine

### Visitor Program - Liability Release Form

Department of Clinical Sciences & Advanced Medicine

We are happy that you wish to spend some time in our clinical facility. We sincerely hope you will enjoy this experience. As you are not a student or employee of the University of Pennsylvania, the University must be released of any liability should you become ill or injured during your visit. Before you can visit the hospital, you are required to sign this form.

Please provide the following information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*I release the School of Veterinary Medicine—University of Pennsylvania and its employees from any liability should I become ill or injured during my visit to the Department of Clinical Sciences & Advanced Medicine.*

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

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