



DEKALB COUNTY MEDICAL EXAMINER

Patrick L. Bailey, Director

Gerald T. Gowitt, M.D., Chief Medical Examiner

Fredric N. Hellman, M.D., M.B.A. Deputy Chief Medical Examiner

Bruce H. Wainer, M.D., Ph.D., Associate Medical Examiner

Steven F. Dunton, M.D., Associate Medical Examiner

Office Address:

3550 Kensington Road
Decatur, GA 30032

Phone: (404) 508-3500

Fax: (404) 508-3504

Waiver of Claim for Damages and Assumption of Risk

In consideration of the County DeKalb and the DeKalb County Medical Examiner's Center granting permission to enter their properties, both real and personal, and to observe and participate in medicolegal functions, both real and personal, and to observe and participate in medico legal functions, both in the administrative offices, courthouse, and morgue; and on cases and field operations, I HEREBY WAIVE FOR MYSELF, MY HEIRS, NEXT-OF-KIN, EXECUTORS, AND ADMINISTRATORS, all claims for damage or loss to my person and property against DeKalb County, the DeKalb County Medical Examiner's Office, and any of their officers, agents, or employees, arising from an act, or failure to act, of DeKalb County, the DeKalb County Medical Examiner's Office, and any of their officers, agents, or employees, and any persons under the jurisdiction of the DeKalb County Medical Examiner. I acknowledge that permission to enter property, and to observe and participate in medicolegal functions is granted for my benefit and at my request and I recognize that participation in medicolegal functions may require occasional strenuous exertion and exposure to known and unknown hazardous materials.

Further, I agree and understand that the DeKalb County Medical Examiner's Office does not hereby assume any special relationship with respect to my presence or safety under its grant of permission to me and that by entering property otherwise not open to the public and observing and participating in medicolegal functions, I expose myself to dangerous conditions and hazardous situations, including but not limited to the handling of firearms and other, weapons, and unknown infectious disease and toxic substances. I am aware that there are many risks inherent in my choice to observe and participate in medicolegal functions and I assume those risks, including but not limited to the risk of all dangerous conditions in and about the DeKalb County property, and waive any and all specific notice of the existence of such risks and conditions.

Because of the responsibilities associated with handling personal property of deceased persons, I understand the need for and agree to a personal background check, if deemed necessary, and will complete necessary forms and applications provided by the Medical Examiner.

I agree not to disclose any confidential information to which I have access during the course of this shadowing experience or internship.

Signed (Participant): _____ Date: _____

Printed Name (Participant): _____

If the Participant is under the age of 18, a Parent or Legal Guardian is required to complete the following:

Signed (Parent or Legal Guardian): _____ Date: _____

Printed Name (Parent or Legal Guardian): _____