

Saad

Education

*CNA School • Phlebotomy School • Certified Medical Assistant School
Continuing Education for Healthcare Professionals • Special Programs*

SAAD CNA SCHOOL/SAAD NURSING SERVICES ACKNOWLEDGMENT, RELEASE AND INDEMNITY AGREEMENT

In consideration of Saad Healthcare Services and a contracted, local skilled nursing facility, permitting me to utilize the skilled nursing facility to participate in the CNA clinical course requirements, the undersigned acknowledges, represents and warrants that the undersigned does so entirely voluntarily upon the undersigned's own initiative, risk and responsibility with full knowledge and awareness of the risks, dangers and hazards that are inherent in a skilled nursing facility clinical setting. For the undersigned's dependents, heirs, executors, administrators, assigns and personal representatives, the undersigned hereby voluntarily:

- 1) assumes all such risks, dangers and hazards;
- 2) releases and forever discharges Saad Healthcare Services, its parent, subsidiaries, partners, joint ventures and affiliates, their shareholders, directors, officers, agents and employees, and their successors, executors, administrators, heirs and assigns (collectively referred to as "Saad")
- 3) releases and forever discharges Palm Gardens Health and Rehabilitation, LLC, and/or Gordon Oaks , their parent companies, subsidiaries, partners, joint ventures and affiliates, their shareholders, directors, officers, agents and employees, and their successors, executors, administrators, heirs and assigns (collectively referred to as "Clinical Facility")
- 4) agrees to defend, indemnify and hold harmless Saad and Clinical Facility of any and all claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, including property damage, or injury, including death, sustained by the undersigned resulting from any cause while attending the CNA clinical course work whether caused by the negligence of Saad or Clinical Facility in whole or in part.

SIGNATURE

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

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INDIVIDUAL REGISTRATION INFORMATION

NAME <i>Please give your name exactly as you would like to have it printed on your graduation certificate (e.g., Richard R. Smith, Jr.)</i>	
Name You Go By <i>(e.g., Rick Smith)</i>	
Address	
City	State Zip
Phone Number	
Email Address	
Date of Birth	
Social Security Number	
Year of High School Graduation or GED	
Date	
Signature	

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CNA VERIFICATION

Call 1-334-206-5171

Saad Identification Number: 52405

Applicant's Name: _____

Applicant's Phone Number: _____

Applicant's Social Security Number: _____

Results _____ In Good Standing

_____ Other

I, _____, give permission to Saad CNA School to request information from the Alabama Department of Health regarding my nursing assistant certification status. I further give Saad CNA School permission to release all above information to the Alabama Department of Health.

Signature of Applicant

Date

Signature of Verifier/Witness

Date

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STUDENT ACKNOWLEDGEMENT SIGNATURE SHEET

By my signature below, I acknowledge that I have received a copy of Saad CNA School Registration Information Booklet which includes the General Information Sheet, General Code of Conduct, the Dress Code for Classroom Participation, the Dress Code for Clinical Participation. I will familiarize myself with this information and I understand that I agree to comply with it.

I also understand that, if I have any questions or do not understand any provisions of this Booklet, I should consult my instructor for answers or clarification.

By signing this statement, I acknowledge my complete understanding and acceptance of these terms.

STUDENT SIGNATURE

DATE

WITNESS

DATE