

EXHIBIT A

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided in the form of experience in evaluation and treatment of patients of Baptist Health Care Corporation ("Baptist"), the undersigned, his/her heirs, successors, and/or assigns, does hereby covenant and agree to be solely responsible for any injury or loss sustained by the undersigned while participating in the _____
Program operated by _____ ("School") at Baptist unless such injury or loss arises solely out of Baptist's gross negligence or willful misconduct.

Dated this ____ day of _____, 20__

Program Participant

Witness:

Printed Name:

Printed Name: