

EXHIBIT D

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of **Cleveland Clinic Florida Health System Non Profit Corporation** doing business as **Cleveland Clinic Florida and Cleveland Clinic FL (a non profit corporation)** (hereinafter collectively referred to as **“CCFL”**), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by _____ (“School”) at CCFL unless such injury or loss arises solely out of CCFL’s gross negligence or willful misconduct.

Dated this ____ day of _____, 20__.

Program Participant

Witness