



MENTEE PARTICIPATION AGREEMENT

The American Alliance for Healthy Sleep (“AAHS”) Patient Mentor Program (“Program”) provides newly diagnosed AAHS patient members (“Mentees”) the opportunity to connect with a patient who has experience with long-term management of a sleep disorder (“Mentor”) for support and personal development.

As an individual participating as a mentee in the AAHS Patient Mentor program:

- I understand that my participation in the Program is entirely voluntary.
- I understand that I must maintain confidentiality on any information I may receive about my mentor.
- I understand that the AAHS may discontinue my participation in the Program for any reason.
- I understand that my mentor is a peer volunteer who will provide support but will not provide medical advice.
- I will abide by schedule and mentorship communications or activities mutually agreed upon by my mentor and me.
- I will report any questions or concerns to the AAHS as soon as possible.
- I will follow all rules and guidelines as outlined in the AAHS Patient Mentor Program Guide.
- I understand and agree that the AAHS is not responsible for the mentor(s) and/or mentee(s) who participate in the Program. I understand that the AAHS makes no specific representations or warranties in connection with the fitness of the mentor(s) and/or mentee(s) or the nature of the relationship I create with the mentee(s) and fellow mentors. I understand and agree that I am responsible for any statements, advice, actions, decisions, negligence, intentional wrongdoing and any other conduct I perform while participating in the Program. I agree to hold harmless the AAHS from any and all liability and/or claims allegedly arising in connection with my participation in the Program.

By signing this agreement, I acknowledge and agree to waive any and all liability concerning the AAHS in connection with any damages allegedly suffered through my participation in the Program.

Date

Name

Signature
