

# AAHS PATIENT Mentor Program

## MENTOR 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 AAHS member participating as a mentor in the AAHS Patient Mentor program:

- I understand that I am voluntarily entering in a mentoring relationship(s).
- I understand that I must maintain confidentiality of any information I may receive about my mentee.
- I understand that I am required to be reasonably available to my mentee for one-on-one mentoring sessions.
- I understand that I must maintain my AAHS membership to continue to participate in the Program.
- I understand that the AAHS may discontinue my participation in the Program for any reason.
- I will report any questions or concerns to the AAHS as soon as possible.
- I understand that I should provide support and encouragement to the mentee(s) but that I will not provide medical advice at any time or in any capacity.
- I will follow all rules and guidelines as outlined in the AAHS Patient Mentor Program Guide.
- I will review the AAHS Patient Mentor Program Training Guide.
- I understand and agree that the AAHS is not responsible for any actions of 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.
- I understand that my participation in the Program is entirely voluntary, and I will not be compensated.

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

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Name

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Signature

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