

**EXHIBIT A**

**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 Physician Group of Utah doing business as Physician Group of Utah ("Clinic"), 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 Brigham Young University ("School") at Clinic unless such injury or loss arises solely out of Clinic's gross negligence or willful misconduct.

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

PROGRAM PARTICIPANT:

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
WITNESS