

Southeast Tech Release For Training And Participation In INVASIVE Procedures (for all students who ARE enrolled in the course in which this procedure takes place)

I, _____, understand that I will engage in practicing certain invasive procedures on mannequins and/or consenting volunteers. The invasive procedures that may be practiced on consenting volunteers are limited to finger sticks for blood withdrawal, subcutaneous and intradermal injections of normal saline, venipuncture, and venipuncture with catheter insertion. I understand that an instructor or lab assistant must be in attendance during any practice session in which finger sticks, injections, venipuncture or venipuncture with catheter placement are practiced upon a live person. I will not perform, nor allow to be performed upon me, finger sticks, injections, venipuncture, or venipuncture with catheter insertion in a practice session, unless an instructor or lab assistant is present.

I understand and hereby expressly acknowledge that these activities might, under some circumstances about which I have been advised, pose certain dangers, including, but not limited to, exposure to infectious diseases, such as AIDS and Hepatitis, injury to the area upon which the procedure is carried out, or other complications, and therefore, involve the risk of minor injury, serious injury, or death. I understand and hereby expressly agree that on the occasion of an unintentional needle stick or other inadvertent exposure to suspected bodily fluids, I will abide by the Needle Stick policy of the Southeast Tech.

I, ACCORDINGLY, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or other students from any and all liability, claims, demands, actions or causes of action arising out of any damage, loss or injury to my person or my property or resulting in my death, while enrolled in Southeast Tech and participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or other students of Southeast Tech or from some other cause.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that I suffer while enrolled in Southeast Tech and participating in the activities contemplated by this RELEASE, caused by the negligence of Southeast Tech, the Sioux Falls School District, the State of South Dakota, or their officers, agents, servants, employees, assigns, or successors, or other students of Southeast Tech or otherwise.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY and further agree that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

Date Printed name Volunteer Signature

Date Printed name Witness Signature