

**SOUTHEAST TECH RELEASE FORM FOR VOLUNTEERS FOR
HEALTH CARE LABORATORY PROCEDURES**

I, _____, volunteer to be a "patient" for
Student

Program DMS CARDIAC VASCULAR

I understand that acting as a patient in this laboratory may require disrobing, and procedures involved in this laboratory may be performed by a male or female student in this program.

I understand and expressly agree that my participation as a "patient" for procedures in this laboratory is voluntary, and I will not receive reimbursement. If I am a student, I understand and expressly agree and consent that my participation or lack thereof will not affect my grade. I further understand that this procedure will not result in a diagnosis or record, and I expressly agree that I will not rely or seek to rely upon the procedures in this laboratory as any indicator of my health. Rather, if I have any health concerns, I will consult with my own medical care provider.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Southeast Tech, the Sioux Falls School District, the State of South Dakota, or any of their officers, agents, servants, employees, assigns, or successors, or any students of Southeast Tech, 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 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 any of their officers, agents, servants, employees, assigns, or successors, or any students of Southeast Tech, or from some other cause.

I HEREBY EXPRESSLY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that I may sustain while 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 students of Southeast Tech.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY and I 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