

Southeast Tech Release For Volunteers For Participation In INVASIVE Procedures (for people/students who are NOT enrolled in the class in which this procedure takes place)

I, _____, volunteer to be a “patient” for an invasive procedure performed by _____, a current student in the _____ program. The invasive procedures that may be done are limited to finger sticks for blood withdrawal, subcutaneous and intradermal injections of normal saline, venipuncture, and venipuncture with catheter insertion.

I understand and expressly agree that my participation as a “patient” 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 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 Southeast Tech.

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 the 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 THE 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

