



## Informed Consent and Release Agreement Volunteer for Classroom/Lab Demonstration/Practice

By signing this Informed Consent and Release Agreement (“Agreement”), I consent to serve as a volunteer participant for a student demonstrating skills to complete classroom/lab coursework (“Activity”) at the University of St. Augustine for Health Sciences (“USAHS”). I know it is important to read and fill out this form with care and ask a University of St. Augustine faculty member if I have any questions. If I have any questions regarding my activity, I may contact

### University Contact Information:

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Name	Phone	Email
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### Voluntary Participation:

The purpose of this Activity has been explained to be and I know that being a part of this Activity is voluntary I can decide not to be a part at any time with no penalty.

### Risks and Benefits:

Health: I understand that this Activity is for instructional, practice, and evaluation purposes only and does not constitute personal medical care. I understand that I will be examined by someone that may or may not be an experienced medical practitioner and medical advice will not be provided to me. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate. I can ask any questions to the teacher in charge of the class (see University contact above).

Financial: There are no financial risks or benefits by participating in this Activity.

Assumption of Risk and Release of Liability: In consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this Agreement and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participating in the Activity, and do hereby release and forever discharge the University of St. Augustine for Health Sciences (“USAHS”), and its affiliated entities, officers, directors, employees, students and agents for any injuries, claims or loss that I may suffer as a result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I agree to assume the risk that unexpected events may occur and result in harm, injury or illness to me or damage to my property while I am participating in or observing the Activity or while I am traveling to or from the Activity. I agree to indemnify and not sue USAHS and its affiliated entities, officers, directors, employees, students and agents for any harm or damage associated with my participation, observation, or travel related to the Activity.

### Confidentiality:

The teacher/s or student/s may ask for my personal and/or health information, but it is my choice to answer any question(s). Any information I do provide will be kept private (unless disclosure is required by law). My information can be used for teaching purposes only. My name and health information will not be used for public presentation.

### Audio / Film / Video / Photo Authorization:

I authorize photographs, video and audio taping by a USAHS student or staff for educational purposes including review of the tapes by faculty, students and appropriate staff.

I understand that if such photographs, motion pictures, video and audio tapes and the publication of information relating to my participation, are to be used for purposes other than education, I will be presented with a separate

media release agreement.

**Scope of Release:** By signing below, I am accepting the terms of this Agreement. I have read, understood and agree to the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**PARTICIPANTS UNDER 18 YEARS OF AGE**

(Parent or guardian (18 or older) must sign for participants who under 18 years of age)

I, THE UNDERSIGNED, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS INFORMED CONSENT AS IT APPLIES TO ME AND \_\_\_\_\_ (print name of participant) FOR WHOM I AM SIGNING.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_