



VENIPUNCTURE STUDENT RELEASE AND INDEMNIFICATION AGREEMENT

Assumption of Risk

I, the undersigned student of the Rogue Community College (hereinafter "RCC"), Allied Health Program, (hereinafter the "Program"),

UNDERSTAND AND HEREBY EXPRESSLY ACKNOWLEDGE THAT AS PART OF THE INSTRUCTION THAT I AM TO RECEIVE AS PART OF THE Program, I will be asked to draw blood by venipuncture or by finger stick, or to perform _____ (list other procedures or mark NA) on other Program students, and members of the general public, and that such other Program students will be asked to practice drawing blood by venipuncture or by finger stick, or to perform _____ (list other procedures or mark NA) on me, and that all procedures are to be overseen and witnessed by Phlebotomists or designated phlebotomy Faculty members;

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, the exposure to such diseases as Human Immunodeficiency Virus (HIV), the virus responsible for Acquired Immune Deficiency Syndrome (AIDS), and Hepatitis C, and therefore, involve the risk of serious injury or death. I attest that I do not have any physical or medical conditions that prevent me from participating in the above mentioned procedures. I also attest that I have submitted proof of immune status, including Hepatitis B, and all supporting documents to RCC.

UNDERSTAND AND HEREBY AGREE that any accidental exposure to human blood or other potentially infectious materials must be reported immediately. I understand that I will be directed to obtain a risk evaluation, conducted by a clinician familiar with post-exposure evaluation and treatment, which is recommended by Centers for Disease Control and Prevention (CDC), and if deemed necessary, initiation of post-exposure prophylaxis (PEP). The CDC specifically recommends that PEP be initiated within two hours of HIV exposure to prevent disease transmission. I understand that I will be responsible for the cost of any post-exposure medical management and treatment and that RCC is in no way responsible for these expenses.

HEREBY AGREE to follow Allied Health Program guidelines, as well as comply with regulations outlined in the OSHA Bloodborne Pathogen Standard in order to minimize the risk of exposure to bloodborne pathogens.

Release of Claims

HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE RCC, its officers, agents, servants, employees, assigns, or successors, RCC students, or Allied Health Program 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 the Program and participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of RCC, its officers, agents, servants, employees, assigns, or successors, RCC students or Program or from some other cause.

HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that I suffer while enrolled in the Program and participating in the activities contemplated by this RELEASE, including any injuries caused by the negligence of RCC, its officers, agents, servants, employees, assigns, successors, or RCC students.



HEREBY REPRESENT that I am physically able, with or without accommodation, to participate in above referenced activities, and I understand that it is strongly recommended that each student in the Program purchase insurance that covers accidents which may occur during participation in these Program course activities.

I have been given an opportunity to ask whatever questions I may have had, and all such questions and inquiries have been answered to my satisfaction. I further understand that I am free to withdraw my consent and terminate my participation at any time.

I, the designated student, understand that if I am under 18 years of age a Parent/Guardian must sign this release form as well, authorizing emergency medical treatment as deemed necessary.

I UNDERSTAND that this Agreement may not be modified other than in writing signed by all parties to this Agreement.

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

Signature of Student/Participant	Date	Printed Name
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Witness to Participant's Signature	Date	Printed Name
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Parental/Guardian Consent: **(Must be completed for students under the age of 18)**

I hereby certify that I am the parent or legal guardian of the above named student and I have read and understand the above statements and agree to the terms and stipulations contained herein.

Signature of Parent/Guardian	Date	Printed Name
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Witness to Parent/Guardian Signature	Date	Printed Name
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