

Name: _____

Class: _____ Home School: _____

Advanced Skills Lab Electrocardiography Release of Liability Form

Glendale Union High School District Health Careers Education Advanced Skills Lab

The following procedures are performed among students:

Electrocardiography – the identification of placement and application of electrodes to another person for the purpose of obtaining an electrocardiogram (electrical heart activity)

I UNDERSTAND AND HEREBY EXPRESSLY ACKNOWLEDGE that, as part of the instruction that I am to receive in the Glendale Union High School District's Advanced Skills Lab Electrocardiography Program, I may be asked to perform electrocardiography procedures on another student and other students may be asked to practice these procedures on me. Further, I understand and hereby expressly acknowledge that these activities might, under some circumstances, pose certain health-related risks.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Glendale Union High School District, its officers, directors, board members, agents, servants, employees, assigns, or successors, or students of the Glendale Union High School District's Advanced Skills Lab Electrocardiography 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 the District, school, its officers, agents, servants, employees, assigns, or successors, or students of the Program or from some other cause. I hereby assume full responsibility for and risk of bodily injury, death or property damage that I suffer while performing the above-stated procedures from the Glendale Union High School District's Advanced Skills Lab Electrocardiography Program or from any person involved, employed or representing the Program and participating in the activities contemplated by this release, caused by the negligence of the Glendale Union High School District's Advanced Skills Lab Electrocardiography Program, its officers, directors, agents, servants, employees, assigns, or successors, or students of the Program or otherwise.

I FURTHER UNDERSTAND that I may decline participation without penalty at any time. Consent to participate will allow me to perform the above-stated procedures on another member of the class and/or he or she may also perform those skills on me. All skills will be performed under the direct supervision of a Glendale Union High School District's Advanced Skills Lab Electrocardiography Program Faculty Member.

By signing this form, I am consenting to performing the procedures stated above and to having the above procedures performed on me and I am releasing Glendale Union High School District and the Health Careers Education program and the Advanced Skills Lab Electrocardiography program from liability from any injury that might occur as a direct result from these procedures.

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. Further that I have read and that I understand this release of liability agreement, that I have been given an opportunity to ask any questions I might have had, and that those questions have been answered in a satisfactory manner. I also understand that I am free to withdraw my consent to the procedures at any time.

I consent to the Advanced Skills Lab Electrocardiography Release of Liability Form.

I do not consent to the Advanced Skills Lab Electrocardiography Release of Liability Form

If the student is under 18 years of age, and not an emancipated individual, you must complete this form and it must be signed by a custodial parent or guardian.

Student Name (Print): _____ Date of Birth: _____

Student Signature: _____ Student ID #: _____ Date: _____

Parent or Guardian Signature, if applicable: _____ Date: _____

Received: Date: _____ Faculty Member signature: _____