



WAIVER OF LIABILITY AND INFORMED CONSENT

As a participant in the Klamath Community College (KCC) Phlebotomy Program, I have read, understand, and agree to the following:

- I willingly consent to participate in all laboratory treatments and practice sessions as a human subject (i.e., patient) for educational purposes at Klamath Community College. These treatments may be rendered by faculty or by fellow students.
- As a participant in a phlebotomy training program, I may be exposed to a variety of hazards and risks of injury, foreseen or unforeseen. While proper industry safety procedures will be discussed in the program, Klamath Community College and its program partners cannot eliminate the potential for such injuries. Furthermore, **it is my responsibility to disclose any information or medical issues that will limit or bar me from the above participation to the instructor in a timely manner.**
- I agree that I am personally responsible for all risks associated with participation in the KCC Phlebotomy Program. To the fullest extent allowed by law, I agree to waive, release, discharge and hold harmless Klamath Community College, its Board of Education, and all of its officers, agents, employees, and representatives from any and all liability, claims, causes of action, or demands arising out of any injuries to me or my property which may result from my participation in the KCC Phlebotomy Program.
- I willingly consent to appear in photographs, transparencies, films, videotapes, and other forms of media for educational and informational purposes at Klamath Community College.
- I willing consent to give the Health Science Program Director or Klamath Community College Designee permission to give my Student Identification Number and other personal information to the Klamath Community College clinical affiliations and licensure/registration authorities for appropriate reasons. I willingly consent to give the Community Education Department permission to release drug testing results or Criminal Offender Record Information (CORI) to clinic sites that may require such information as terms of their contract with Klamath Community College for clinical affiliations.

STUDENT SIGNATURE

DATE

PRINTED NAME