

EMPLID: _____

APHLEC

DATE: _____



PHLEBOTOMY Consent Agreement

CONSENT, WAIVER and RELEASE (For participants who are eighteen -18- years old or older)

I am over eighteen (18) years old, and I want to participate in the following activity sponsored by The School Board of Manatee County (the "School Board"):

Participation in a **phlebotomy** class which involves the drawing of my blood from the vein and capillary by use of medical devices such as needles, vacutainers and syringes, by a student of that class.

I have signed this waiver and release form and furnished it to the School Board so that the School Board will permit me to participate in this activity.

I have been informed and understand that this activity may expose me to injury or accident, and to dangers and risks of injury inherent in this activity. I understand that dangers and risks inherent in such activities may also expose me to serious injury or even death, but I still want to participate.

In consideration of the opportunity to participate in the activity, and for other good and valuable consideration, I forever release, quit, and discharge the School Board and its officers, directors, employees and agents from any and all claims, actions, causes of actions, demands, rights, damages, costs, losses, expenses or reasons for claims of compensation which I may have or hereafter obtain or incur as a result of my participation in the activity, regardless of the fault or degree of fault of the School Board or its officers, directors, employees or agents.

I understand that the School Board would not permit me to participate in this activity if I do not sign this consent, waiver and release. I also understand that I am free to refrain from participation in this activity, and that it is my responsibility to notify the School Board, through the teacher who is in charge of the activity, in writing, if I change my mind about participating in the activity or if I decide that I want to refrain from the activity.

I understand that the term "activity" used in consent, waiver and release, includes, but is not limited to those risks and dangers inherent in the activity including, injuries associated with the use of needles, medical devices and related medical equipment and substances.

I agree to indemnify and hold harmless the School Board and its officers, directors, employees and agents, from and against any claim, loss, damage, cost or liability caused or incurred as a result of any accident or injury which might occur while I am traveling to or from or while I am participating in the activity. I understand and intend that this indemnification agreement includes an obligation to indemnify against claims or losses based upon the negligence, action or inaction of the School Board and its officers, directors, employees and agents.

I state that no promise or inducement has been made to me in order to induce my execution of this consent, waiver, and release, except the representation that I will not be permitted to participate in this activity if I do not sign this document and the promise that I will be permitted to participate in the activity if I do sign this document.

I understand and agree that this consent, waiver, and release is intended to be as broad and inclusive as permitted by the law of the State in which the activity occurs and that if any portion of this consent, waiver and release is determined to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I intend to be bound by this document, and I intend to obligate my Personal Representative, my heirs and my assigns as well.

I have read this consent, waiver and release, I understand it, and I have signed it voluntarily. I represent and agree that no oral representations, statements, or inducements apart from those contained in this consent, waiver and release have been made to me.

Name: _____
Signature

Date Signed: ____/____/____

Print Name: _____

Address: _____