



**VENIPUNCTURE AND INJECTION PARTICIPANT
RELEASE AND
INDEMNIFICATION AGREEMENT**

I, the undersigned student of the Lone Star College System, _____ (campus name),
_____ (program name) (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 bleeding time or intradermal, intramuscular, or subcutaneous injection on other Program students, and that such other Program students will be asked to practice drawing blood by venipuncture or by finger stick or to perform bleeding time or intradermal, intramuscular, or subcutaneous injection on me;

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;

UNDERSTAND AND HEREBY AGREE that accidental exposure to human blood or other potentially infectious materials (OPIM) 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 am personally responsible for the cost of the post-exposure medical management and treatment and that Lone Star College System is in no way responsible for these expenses;

HEREBY AGREE to follow Standard Precautions 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;

HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Lone Star College System, its officers, agents, servants, employees, assigns, or successors, or students of the Lone Star College System's medical assisting/phlebotomy 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 Lone Star College System's Program and participating in the activities contemplated by this RELEASE, whether such loss, damage, or injury is caused by the negligence of the Lone Star College System, its officers, agents, servants, employees, assigns, or successors, or students of the Lone Star College System's 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 Lone Star College System's Program and participating in the activities contemplated by this RELEASE, caused by the negligence of the Lone Star College System, its officers, agents, servants, employees, assigns, or successors, or students of the Lone Star College System's Program;

HEREBY REPRESENT that I am physically able, with or without accommodation, to participate in the above-referenced activities and I understand that it is strongly recommended that each participant in this program

purchase insurance that covers accidents which may occur during participation in these Program course activities;

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.

Witness to Student's Signature

Date

Student Signature

Please Print Name

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 participant and I have read and understand the above statements and agree to the terms and stipulations.

Signature of Parent/Guardian

Witness to Parent/Guardian Signature

Date

Date

Note: Modification of this Form requires approval of OGC