



Student Acknowledgement of Risks and Responsibilities Participation Agreement and Release of Liability Agreement for Instructional Labs on Procedures and Student Clubs

Quarter _____ Term/Year _____

UWS is attentive to the safety of students participating in laboratory instructional activities. Laboratory instructional activities involve examination and procedures, including chiropractic adjustments, that you perform and that are performed on you. Examination and procedures practiced in instructional settings and student clubs are generally considered to be safe. Side effects, however, may arise, especially when procedures are done repetitively in a setting by students who are acquiring or honing a new skill. Rarely, injury may occur. Side effects and complications include, but are not limited to, soreness, inflammation, soft tissue injury (e.g., sprain or strain), and headache. Serious complications are extremely rare. Additional information on side effects and complications is available upon request. **Reference to laboratory instructional activities includes participation in student club activities.**

I am sufficiently healthy to participate in laboratory instructional activities, with or without accommodation, including those involving examination and procedures.

Yes Yes, with the following restrictions (specify contraindications, *please print*)

Use the back of this sheet if additional space is needed.

Please read and acknowledge each statement with your initials:

- _____ 1. I understand and hereby expressly acknowledge that I will be asked to perform laboratory instructional activities on others and that laboratory instructional activities may be performed on me.
- _____ 2. I understand and hereby expressly acknowledge that laboratory instructional activities might, under some circumstances, pose certain health-related risks.
- _____ 3. It is my responsibility to inform the lab instructor or club advisor of any restrictions placed on my lab activities, including but not limited to those that have been recommended as a result of the above assessment.
- _____ 4. It is my responsibility to inform the lab instructor or club advisor, and my lab partner of any reason why a certain procedure should not be done on me on any given day.
- _____ 5. It is my responsibility to immediately inform the lab instructor or club advisor if my lab partner or I am injured during an instructional lab session.
- _____ 6. It is my responsibility to carefully follow the directions given by the lab instructor or club advisor and to be attentive to the safety, modesty, and comfort of my lab partners.
- _____ 7. It is my responsibility to update this acknowledgement form in any instance where a change in my physical or mental condition alters my ability to participate in the laboratory instructional activities.

- _____ 8. I understand that university policy allows me to practice procedures including chiropractic adjustments under supervision but prohibits me from intentionally providing treatment in any laboratory instructional session.
- _____ 9. It is my responsibility to discuss with the lab instructor or club advisor any questions I have about my ability to participate safely in laboratory instructional activities and to defer my participation until all my questions are answered to my satisfaction.

I have read and understand the above statements regarding the risks and responsibilities associated with my participation in procedures practiced during instructional lab activities or student club activities. The information I have provided is accurate and complete to the best of my knowledge. I consent to participate in procedures as part of the instructional lab activities. I agree to pay my own medical costs related to any injuries or illnesses that I incur during my participation in the laboratory instructional activities.

I, along with my spouse, members of my family and my estate, heirs, successors, and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, HOLD HARMLESS AND AGREEE TO INDEMNIFY, to the greatest extent allowed by law, UWS, its officers, directors, board members, agents, servants, employees, assigns, or successors, 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, or arising out of any damage, loss or injury to the person or property of others or resulting in the death of others for which I may be liable to others, while participating in laboratory instructional activities, whether such loss, damage, or injury is caused by the negligence of UWS, its officers, agents, servants, employees, assigns, or successors, or students of UWS 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 laboratory instructional activities, or from having laboratory instructional activities performed on me, caused by the negligence of UWS, its officers, directors, agents, servants, employees, assigns, or successors, students of UWS or otherwise. This RELEASE does not apply to injuries resulting from intentional misconduct, gross negligence or recklessness.

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. I further acknowledge 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 laboratory instructional activities at any time.

Print Name	Signature	Date
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... continued from page 1 (restrictions or contraindications): _____
