

## Lab Participant's Agreement, Waiver, and Release Form

I understand that while participating in this lab, I may come in contact with human cadaveric tissue. I understand and realize that while it is the policy of providers to test cadavers for specific diseases prior to their acceptance for use in this institution, that it is impossible for anyone to guarantee that I will not have contact with the cadaver of a person who was infected with the Hepatitis B, Hepatitis C, HIV viruses, syphilis or other bacterium, which was not known about or which testing did not reveal.

As a participant, I am aware of the means of transmission of infectious diseases and agree that all possible precautions should be made to prevent any transmission of infectious disease(s). I further understand that some risk exists that such transmission is possible merely through the handling of tissues, and some of the tissues I will be handling may have been harvested from persons infected with HIV or other infectious disease(s). Thus as an inducement to this institution to accept my registration for and to permit my participation in labs, I agree to adhere to the following procedures when handling all tissues.

- a. I will handle all tissues with care to avoid contact with my skin or mucous membranes.
- b. I will wear personal protective equipment (gowns, gloves, masks with eye protection, caps, and shoe covers), as reasonably anticipated, at all times during laboratory activities.
- c. I will observe extreme caution when using sharp instruments to avoid penetrating my or other's skin.
- d. I will be aware that supplies for my protection are offered as a service of the laboratory.

I hereby release and hold harmless the institution and all Directors, Officers, Staff and Faculty of the Institute, and their respective successors and assigns, from, against, and with respect to any and all actions, suits, claims, damages, judgments, costs, and expenses of any and every kind and nature whosoever, whether known or unknown, liquidated or unliquidated, fixed or contingent, direct or indirect, which I, my estate or any of my heirs, beneficiaries, successors, and assigns have or can have, shall or may have, or claim to have, against the institute, any such Directors, Officers, Staff, and Faculty, and their successors and assigns, and each of them, by reason of my participation at this lab and handling of tissue infected with any infectious diseases, including HIV.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Return to:

Infectious Disease Binder  
Located in the learning lab

This form must be updated annually