

Phlebotomy Program Participation Release

By enrolling in the Phlebotomy Training Program at Great Bay Community College you acknowledge and agree to the following:

1. **Practice Procedures:** This program involves hands-on training in phlebotomy techniques. Students will practice venipuncture and other blood collection methods on each other under supervised conditions.
2. **Informed Consent:** You consent to be a practice subject for other students in the program. This means you will have blood drawn from you multiple times throughout the course.
3. **Risks:** While all reasonable precautions are taken, there are inherent risks associated with these procedures, including but not limited to:

Pain or discomfort at the needle insertion site

- Nerve damage
- Artery Injury
- Phlebitis
- Thrombosis
- Bruising or hematoma
- Dizziness or fainting
- Infection (though extremely rare when proper techniques are used)

4. **Voluntary Participation:** Your participation as a practice subject is voluntary. If you have any medical conditions that may increase your risk, please inform the instructor immediately.
5. **Liability Waiver and Hold Harmless Agreement:** By participating in this program, you agree to release Great Bay, its faculty, staff, and other students from any liability related to injuries, complications, or other issues that may arise from these practice procedures. Great Bay will not be responsible for the cost of any medical care that may be required should an exposure incident occur. You hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Great Bay Community College, Community College System of New Hampshire, its Board of Trustees, officers, servants, agents or employees and/or other program participants (hereinafter referred to as RELEASEES) from any and all liability, claims demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by you, or to any property belonging to you, WHETHER BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in the Phlebotomy training program, and/or such course activity, while in, on or upon the premises where the activity is being conducted. You VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by you, or any loss or damage to property owned by you, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. You further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY

NEGLIGENCE OF RELEASEES or otherwise. It is the express intent that this Release and Hold Harmless Agreement shall bind the members of the student's family, heirs, assigns and personal representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO USE the above-named RELEASEES. You hereby further agree that this Liability Waiver and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New Hampshire. IN SIGNING THIS RELEASE, You ACKNOWLEDGE AND REPRESENT THAT you have read the foregoing Liability Waiver and Hold Harmless Agreement, understand it and sign it voluntarily as an own free act and deed; no oral representations, statements, inducements, apart from the foregoing written agreement, have been made; You are at least eighteen (18) years of age and fully competent; and execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

6. Medical Care: Any medical care required as a result of participating in these practice procedures will be your own financial responsibility.

7. Right to Refuse: You have the right to refuse to be a practice subject at any time, though this may impact your ability to complete the program successfully.

By signing below, you confirm that you have read, understood, and agree to these terms.

[Student Signature] [Date]

[Print Name]