

A.T. Still University

Human Anatomy Cadaver Workshops and Tours Guidelines

**VOLUNTARY WAIVER, RELEASE,
AND ASSUMPTION OF RISK AGREEMENT**

Please legibly **print** all information (in black or blue ink)

Print Student's Name ("Lab Participant"): _____

Educational Institution: ("the School"): _____

High School or College Class Standing (circle one): **HS Junior** **HS Senior** **College**

Human Anatomy Laboratory Mandatory Guidelines

1. The cadavers are embalmed with a fluid containing chemicals that pose a possible health risks; by attending this workshop you accept those risks (albeit small).
2. Pregnant women are prohibited from entering the Anatomy labs.
3. Lab Participant must wear **full length pants** and **closed-toed shoes** that cover Lab Participant's entire feet to enter the labs.
4. No food, drinks or gum are allowed in the labs at any time.
5. Photographs, video cameras, cell phones, or any other recording devices (analog or digital) are prohibited.
6. Avoid wearing contact lenses; wear glasses if possible. Embalming solution gases could irritate the eyes.
7. Eating prior to coming to the workshop is highly recommended.
8. Appropriate professional behavior is required in the anatomy lab while viewing or handling the cadavers.
9. If Lab Participant has a pre-existing condition pre-disposing syncope (fainting), notify the School chaperones prior to visiting the anatomy lab.
10. Should Lab Participant need medical assistance due to syncope, re-entrance to the anatomy lab may not be allowed unless Lab Participant is cleared by an authorized healthcare practitioner.
11. Should Lab Participant require emergency transport to a local hospital, the costs of such transport and any corresponding medical services shall be the responsibility of Lab Participant.

Failure to comply with the above guidelines and will result in immediate removal from the anatomy lab.

Completing and signing this form, Lab Participant agrees to indemnify and hold A.T. Still University, its employees, or any of its agents, harmless for any mishaps relating to this anatomy program including any travel to and/or from the event.

This Agreement is made by and between the undersigned Lab Participant and A.T. Still University (ATSU). This Agreement will remain on file at ATSU and is in effect for the duration of one (1) full fiscal year. Lab Participant is aware handling of human tissue is a hazardous activity and there are inherent, potential dangers being in an anatomy laboratory. Photos may be taken by a campus photographer at the event. I agree that any photos containing my likeness may be used by the University for marketing purposes.

I, voluntarily and freely agree to waive, release and discharge any and all claims for damages for personal injury or property damage that may have, or may subsequently accrue during my participation in any activities at ATSU. I may encounter unforeseen and unknown hazards, dangers and risks that may result in bodily injury, emotional trauma, burns, and/or other hazards.

_____/_____
INITIALS OF PARTICIPANT (& PARENT/GUARDIAN [If applicable])

I, voluntarily and freely, with full understanding I may be exposing myself to potential danger(s) inherent to being in an anatomy lab, assume all risks in connection with my participation in a recreational or other activity at ATSU. I understand that I am completely responsible for all insurance coverage which I may wish to purchase to cover my participation for the activities at ATSU.

_____/_____
INITIALS OF PARTICIPANT (& PARENT/GUARDIAN [If applicable])

I agree to follow all instructions, procedures, measures and directions given to me by ATSU or any of its staff or rep representatives and understand my failure to do so may result in property damage or injury to me or to a third party. I understand my invitation to participate in any activities at ATSU may be revoked at any time for any reason by ATSU--or any of its agents, managers, employees or representatives.

_____/_____
INITIALS OF PARTICIPANT (& PARENT/GUARDIAN [If applicable])

I agree that this Waiver, Release, and Assumption of Risk are intended to be as broad and inclusive as permitted by applicable law. I agree to comply with all applicable law during my participation in activities at ATSU. "Applicable Law" shall include all federal, state of Arizona, and local laws, statutes, regulations, codes, ordinances, rules and/or executive orders, as amended.

_____/_____
INITIALS OF PARTICIPANT (& PARENT/GUARDIAN [If applicable])

I HAVE READ THIS AGREEMENT BEFORE SIGNING IT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS.

***IF PARTICIPANT IS UNDER THE AGE OF 18 THIS FORM MUST ALSO BE SIGNED BY A PARENT OR LEGAL GUARDIAN WITH AUTHORITY TO EXECUTE THIS RELEASE.**

X

Participant's Signature

X

Legal Guardian's Signature (if Applicable)

X

Printed Name of Legal Guardian

X

Today's Date: Month/Day/Year

Return signed/completed forms to the Anatomy Department.

