

AMARILLO COLLEGE – DIVISION OF ALLIED HEALTH

STATE OF TEXAS

§

RELEASE AND WAIVER OF LIABILITY

COUNTY OF POTTER

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§

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College") and _____ ("Student").

full legal name of student

In consideration of the Student being permitted to enroll at Amarillo College in the Physical Therapist Assistant program and the acknowledgment of the Student of the following facts:

1. That the Student will be required, as part of the normal educational process towards the Student's degree or certificate of completion to be placed in a teaching environment including, but not limited to, local medical institutions, offices of local practitioners, ambulances, medical laboratories, and other environments (hereinafter called medical affiliates), all of which are affiliated with Amarillo College for these purposes and that while in these medical affiliates, the Student may be exposed to conditions which could cause illness, bodily injury and/or death and may be exposed to patients afflicted with fatal or potentially fatal diseases processes which may be of a contagious nature; and,
2. That the Student will be first provided, as part of the normal educational process toward the Student's degree or certificate of completion, with detailed information about the nature, risks and preventive measures related to communicable diseases of a fatal or potentially fatal nature prior to assignment of the Student; and,
3. That the Student could be exposed to high risk toxic substances in the medical affiliates, but will be first provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to place the Student into the respective medical affiliates as they deem necessary for the successful completion of the Student's specific educational program;
2. Release, waive, and covenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its educational programs (hereinafter collectively called Releasees) from all liability to the Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in death of the Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the medical affiliates;
3. Indemnify and hold harmless Releasees from any loss, liability, damage or cost that the Student may incur due to the presence of the Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,
4. Assumes full responsibility, including any medical treatment and costs thereof, for any and all risks of exposure to communicable diseases, bodily injury, death or property damage due to negligence of Releasees or otherwise, due to Student participation in the normal educational process in the medical affiliates, or being transported to or from said affiliates.

The UNDERSIGNED expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of illness, injury and/or death and/or contracting fatal or potentially fatal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED has read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

TO BE COMPLETED BY THE STUDENT:

I have read this document. I understand it is a release of all claims. I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree or certificate of completion as set out above.

I voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this ____ day of _____ 20 ____

Signed: _____

full legal name of student