

## PATIENT CARE TRAINING PROGRAMS CONSENT AND RELEASE AGREEMENT

This form pertains to instruction in certain Patient Care Career programs. Please read, complete, and return this form to the ROP year.



Pathway courses and training instructor to keep on file for one

*I understand that this course may require students to perform certain limited to: blood withdrawal, capillary puncture, injections, standing, heavy lifting (50 lbs.), as well as repetitive hand and arm motions that existing auto-immune, muscular, joint, cardiovascular, neurological and/or risks of such activities, I hereby agree to assume those risks and to indemnify, hold County Regional Occupational Program; it's employees, officers, representatives, and students from liability related to the student's enrollment and participation in the Patient Care Career Pathway courses and training programs.*

*activities that include, but are not electrocardiograms, considerable may cause or exacerbate any pre-orthopedic conditions. Knowing the harmless, and release the North Orange*

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Students under the age of 18 must also have the signature of a parent/guardian who has reviewed this agreement.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICAL CONTACT AND GRAPHIC IMAGES CONSENT AND RELEASE AGREEMENT

This form pertains to instruction for certain Biotechnology, Emergency Care career pathway courses and training programs. Please read, ROP instructor to keep on file for one year.



Response, Law Enforcement, and Patient complete, and return this form to the

- 1. I understand that participation in this course will require contact between students, instructors, or other participants. demonstrations and training activities. I consent to such contact training program.*
- 2. I understand that physical contact related to the course should instructor or a designated supervisor.*
- 3. I understand that some units in this course may require the viewing of instructional or training videos and other materials containing graphic images, including, but not limited to: substantial bodily injury, human anatomy including reproductive systems, sexually transmitted diseases related to bloodborne pathogens, and similar images. I consent to the viewing of such images as part of this course and/or state training program.*
- 4. Based on my full understanding and acknowledgment of the above statements, I agree to indemnify, hold harmless, and release the North Orange County Regional Occupational Program, its employees, officers, representatives, and students from liability related to my/my student's enrollment and participation in this course.*

*physical activity, including physical Such physical contact may be required for as required for this course and/or state*

*not occur outside the presence of an*

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Students under the age of 18 must also have the signature of a parent/guardian who has reviewed this agreement.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_