

GROSSMONT CUYAMACA COMMUNITY COLLEGE DISTRICT
NURSING PROGRAM
SIMULATION LAB

VOLUNTEER LAB CONSENT FORM

Please read this consent document carefully before you decide to participate in this lab activity.

Purpose of the lab activity:

What you will be asked to do in the lab activity:

Time required:

Risks and Benefits:

The risks of the study are:

We do not anticipate that you will benefit directly by participating in this lab activity other than providing a learning opportunity for the Nursing students.

Incentive or Compensation:

There is no extra credit or other incentive for participating; therefore, you will not be adversely affected in any way if you choose not to participate.

Voluntary participation:

Participation in this lab activity is completely voluntary. You may elect to discontinue participation at any time.

Whom to contact if you have questions about the lab activity:

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Assumption of Risk:

On behalf of myself:

I understand that the above-listed activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic loss. These risks may result from not only my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, or the condition of the premises or of any equipment used. **I understand and appreciate the risks that are inherent in this activity. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the activity is voluntary and that I knowingly assume all such risks of that participation. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. I agree to abide by all rules and regulations governing the activity.**

Hold Harmless, Indemnity, and Release:

On behalf of myself, and in consideration to participate in the above listed activity:

I agree, here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Grossmont Cuyamaca Community College District ("District"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from my participation in this activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. **I understand that I am releasing claims and giving up substantial rights, including my right to sue, and are doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

Agreement:

I wish to participate in this lab activity. My signature below indicates my agreement to participate.

Participant's Name: (Print) _____

Signature _____ (Date) _____

Effective: 8/2018
Revised: 06/2020