

## Nursing Assistant Program Voluntary Assumption of Risk Release of Liability

Arizona Medical Training Institute is a private vocational training institute. All references to Arizona Medical Training Institute herein, shall include its officers, officials, employees, volunteers, students, agents, and assigns (print your name) \_\_\_\_\_, freely choose to participate in the Nursing Assistant Program. In consideration of my voluntary participation in this Program, I agree as follows:

**RISKS INVOLVED IN PROGRAM:** I understand that the classroom and clinical training environment for this Program, in which I am enrolled through the Arizona Medical Training Institute, contains exposures to risks inherent in the Program's activities such as, but not limited to: bodily injury, communicable and infectious diseases, and property damage/loss.

**HEALTH AND SAFETY:** I have been instructed to consult with a licensed medical doctor or nurse practitioner regarding my personal health suitability for taking the course. As a result of the consultation, I am informed and state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained, or will obtain, the required Health Declaration and present same to AMTI as required. I recognize that the Arizona Medical Training Institute and/or the Clinical Site is not obligated to attend to any of my medical or medication needs as they are a training facility not a healthcare provider, and I assume any and all risk and responsibility associated with my Program participation. In case of a medical emergency occurring during my participation in this Program, I authorize in advance that a representative of AMTI or the Clinical Site may secure whatever treatment is necessary, including the administration of anesthesia and surgery. Either AMTI or the Clinical Site may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and hereby release the Arizona Medical Training Institute from any liability for any actions taken on my behalf, as they deem appropriate or necessary, regardless of the outcome.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above and those that are common to the health care industry, and in voluntary consideration of being permitted to participate in the registered Program, I hereby knowingly assume all such risks inherent in attendance at AMTI and in the overall participation in this Program, which includes offsite clinical externships, and any connected activities. I agree to release, indemnify, and defend Arizona Medical Training Institute and the Clinical Site, including their officials, officers, employees, agents, and volunteers, from and against any and all claims either by me or instituted on my behalf, of whatsoever kind or nature, which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries of any kind arising out of, or in connection with, my participation in this Program.

**SIGNATURE:** I, the undersigned, declare that I have read the terms and conditions of participation in this Program and agree to be bound by them. I have carefully read this Voluntary Assumption of Risk and Release of Liability and I declare that it is understood. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to me. This Voluntary Assumption of Risk and Release of Liability shall be governed by the laws of the State of Arizona and the Maricopa County Court system shall be the exclusive forum for any lawsuits filed that relate to this Release or to the Program. If any portion of this Form is held invalid, the remaining portions shall continue in full force and effect.

\_\_\_\_\_  
Student -Print Name

\_\_\_\_\_  
Student -Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness -Print Name

\_\_\_\_\_  
Witness -Signature

\_\_\_\_\_  
Date