

Yosemite Community College District  
Modesto Junior College Allied Health Department

**AGREEMENT TO PARTICIPATE AND ASSUMPTION OF RISK**

As a student who is currently enrolled in an Allied Health Program at Modesto Junior College, I am aware that the program content includes in unit on finger-stick blood sugar, venipunctures and injections.

I understand, as a part of the coursework in this program, I will receive hands-on instruction in the techniques of performing of finger-sticks blood sugar, hemoglobin, venipunctures and injections. I further understand I am required to demonstrate live finger-sticks blood sugar, hemoglobin, venipunctures and injections and that it is required in the practicum setting.

I understand that I will demonstrate practice finger-sticks blood sugar, hemoglobin, venipunctures and injections on other students enrolled in the Medical Assisting Program **AND** that they will demonstrate finger-sticks blood sugar, hemoglobin, venipunctures and injections on me.

I am aware that the risks associated with these activities may include, but are not limited to, the following:

Nerve damage	Phlebitis
Local hematoma	Arterial puncture
Syncopal episode	Hepatitis*
Infection	HIV*

\*Only if a needle stick is incurred with a contaminated needle.

In consideration of Yosemite Community College District's (YCCD) permission for me to participate in the Medical Assisting Program venipunctures and injections practice, I hereby assume all risks associated with participation and agree to exonerate and hold harmless YCCD, its officers, agents, servants, and employees, and all physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes, actions, or demands of any kind and nature whatsoever which may arise by, or in connection with, my participation in any activities related to courses in the Medical Assisting Program.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date