

Yosemite Community College District  
Modesto Junior College Respiratory Care Program

**AGREEMENT TO PARTICIPATE AND ASSUMPTION OF RISK**

As a student who is currently enrolled in the Associate Degree Nursing (ADN) Program at Modesto Junior College, I am aware that the program content includes instruction on intravenous techniques and infusion.

I understand, as a part of the coursework in this program, I will receive hands-on instruction in the technique of performing venipunctures. I further understand I am required to demonstrate live venipunctures, and that the live venipunctures are required in order to start intravenous lines on patients in the clinical setting.

I understand that I will demonstrate intravenous puncture techniques on other students enrolled in the ADN Program **AND** that they will demonstrate intravenous puncture techniques on me. I understand that I may also be required to demonstrate injections and finger-stick blood sugar measurements on other students enrolled in the ADN Program and that they may be required to demonstrate injections and finger-stick blood sugar measurements 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 Associate Degree Nursing Program intravenous therapy instruction and 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 Associate Degree Nursing 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_