



**Volunteering Form for Ultrasound Scanning
Release and indemnity Agreement**

(AIUM Safety Statement for **Prudent Use and Clinical Safety**, *Approved 4/1/2012*)

Diagnostic ultrasound has been in use since the late 1950s. Given its known benefits and recognized efficacy for medical diagnosis, including use during human pregnancy, the American Institute of Ultrasound in Medicine herein addresses the clinical safety of such use: No independently confirmed adverse effects caused by exposure from present diagnostic ultrasound instruments have been reported in human patients in the absence of contrast agents. Biological effects (such as localized pulmonary bleeding) have been reported in mammalian systems at diagnostically relevant exposures but the clinical significance of such effects is not yet known. Ultrasound should be used by qualified health professionals to provide medical benefit to the patient. Ultrasound exposures during examinations should be as low as reasonably achievable (ALARA).

I, (Print Name) _____ Phone # _____ residing at _____
_____ being over 18 years of age (if under 18 years of age, Parents/ Guardian will be accompanying during the procedure), hereby acknowledges and agrees to participate as a volunteer for Ultrasound scanning.

I hereby certify that I am in a proper condition and am medically and physically able to participate in the clinical training. I acknowledge and understand that AIMS EDUCATION is relying on this representation and my execution of this release in allowing me to participate in this clinical practice and/or I will not be given any report or scanned image by the students or instructors or AIMS EDUCATION. If I have any questions regarding my health related problems or any pathology identified, it would need to be formally followed by a personal physician.

I also acknowledge that the student performing the procedure is a student presently learning the techniques in school and is not experienced in any of these procedures.

I agree that, the students, or the instructor & AIMS Education will not be held legally liable for any damages or information gained or missed as a result of this procedure, whether or not that information is accurate or inaccurate.

I hereby release and discharge and agree to hold harmless and defend, AIMS EDUCATION, it's officers, directors, employees and affiliates from and against any and all injuries claims, damages, liabilities, costs and expenses whatsoever, including reasonable attorney fees, which I or anyone on my behalf may claim to have arisen or occurred in connection with my participation in the clinical practices.

This release shall be binding upon me and anyone who succeeds to my rights and responsibilities, such as my heirs, personal representatives or the executor of my estate.

Volunteer's Signature

Date

Signature of Parents & Guardian (if under 18 years of age)

Date

Instructor/Supervisor signature

Instructor's Name

Date