



American
Institute of
Medical
Sciences &
Education

Excellence & Success

AIMS EDUCATION

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Volunteer Form for Phlebotomy Release and Indemnity Agreement

I, (Print Name) _____, (Phone # _____)

residing at _____

being 17 years of age or older, hereby acknowledge and agree to participate in venous blood sampling and/or injection practicum where venous blood will be drawn from me by venipuncture or finger stick. I am in the proper medical and physical condition to participate in the clinical training, and I acknowledge and understand that this document serves as a release form which will allow me to actively participate in the aforementioned training.

I am well aware of the possible complications, discomfort, and risks that may arise during phlebotomy training. I also acknowledge that the students performing the procedures are inexperienced and presently learning phlebotomy.

I hereby release and discharge and agree to hold harmless and defend, AIMS Education, its 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 training.

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 Signature (18 years old or older)

Date

Name of Parent or Guardian (17 years old)

Parent or Guardian Signature

Date

Instructor Name

Instructor Signature

Date