

**SAAD PHLEBOTOMY SCHOOL
SAAD CERTIFIED MEDICAL ASSISTANT SCHOOL**

RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK

In consideration of being a student in the SAAD PHLEBOTOMY SCHOOL and requesting that my practice sticks required in the course of my training be performed on me, another student, or on my guest/family member, I hereby understand and agree to this release of liability, waiver of legal rights, and assumption of risk and to the terms hereof as follows:

1. I take full responsibility for, **RELEASE AND HOLD HARMLESS** Saad Enterprises, Inc., The Saad CNA School and its successors and assigns, their owners, officers, elected officials, agents and employees from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of the performance of practice sticks on me, or caused by me on other students, or on my guest/family member, included, but not limited to, losses **CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.**
2. I further agree that I **WILL NOT SUE OR MAKE CLAIM** against the Released Parties for damages or other losses sustained as a result of any injury, or death, sustained from my performance of practice sticks on other students, my guest/family member or for sticks performed on me, included, but not limited to, losses **CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.** I also agree to **INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS** from all claims, judgments and costs including attorney's fees, incurred in connection with any action brought as a result of performance of practice sticks on other students, my guest/family member, or for sticks performed on me, included, but not limited to, losses **CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.**
3. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk is a contract pursuant to which I have released any and all claims against the Released Parties resulting from any injury, or death, sustained from the performance of practice sticks on other students, my guest/family member, and for sticks performed on me, including any claims for negligence of the Released Parties.
4. I further represent that **I am at least 18 years of age**, I waive and release any and all legal rights that may accrue to me as the result of any injury I, or another student, or my guest/family member may suffer as a result of performance of practice sticks received or given by me.

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

On this the day, _____ of _____ 20 _____

Signature of Adult Student: _____

Print Name: _____

Signature of Adult Guest/Family Member (if applicable) _____

Print Name: _____

Relationship to Student: _____

WITNESS: _____