WAIVER

Advanced Technical Skills Simulation Laboratory (ATSSL)

LABS: Surgical Skills (HRIC BA01, BA02, BA03, BA04, BA06) Special Procedures (HSC B763, B763B) Clinical Skills (HSC G820, G801H)

All ATSSL laboratory participants are required to sign this form prior to entering the lab and or participating in any simulation activities. The ATSSL follows stringent guidelines regarding laboratory operations and safety, in accordance with University of Calgary policies and Alberta Legislation. Failure to follow these standards will result in immediate removal from the space. Failure of a participant or company representative to comply with these standards may also result in removal from the entire laboratory experience without refund of fees.

Each participant is responsible to follow Universal and safety precautions at all times. When required, the ATSSL will provide all surgical and personal protective equipment (such as gloves, goggles, gowns, and foot coverings) for the laboratory. **Long pants and closed-toed shoes are mandatory**. The undersigned represents and warrants that any contact he/she may have during this course with cadaver and/or animal specimens, task trainers and equipment shall be made in conformance with all proper medical, safety, and Universal Precaution practices.

Surgical procedures may involve exposure to fresh cadaver or animal specimens, medical equipment, such as power equipment, instruments, defibrillators etc. and will follow safety information, instructions, or rules when handling them. It is your responsibility to complete an OARS report and follow up on any exposure to blood-borne illness, whether by needle sticks or splashes to mucous membranes, incurred by you during the laboratory session. The ATSSL will not be held responsible or liable for any exposure (inhalation, ingestion, injection or physical contact) or any follow-up of exposure to chemical, biohazard or radioactive materials.

The undersigned agrees to participate in the medical education event sponsored by ATSSL with full knowledge that he/she waives any claims that they may have or may have in the future against ATSSL, the Cumming School of Medicine of the University of Calgary, and /or their members, officers, agents and employees.

By signing below, the undersigned acknowledges that the ATSSL, housed in the Cumming School of Medicine is sponsored by Alberta Health Services and the University of Calgary (together the "Releasees") and agrees to waive any claim they may have against the Releasees and their directors, specimen suppliers, agents, consultants, employees and each of them for any injury, disease (HIV, AIDS, etc.), or other damage which may result in any way from participation in events in the ATSSL laboratories. The undersigned further releases the Releasees from any and all liability for any loss, damage, injury or expense that may be suffered, or that any next of kin may suffer as a result of participation in the ATSSL due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIER'S LIABILITY ACT, RSA 2000 C. 0-4 AS AMENDED ON THE PART OF THE RELEASEES.

Confidentiality

During your participation in learning events at the ATSSL you will likely be an observer of the performance of other individuals. It is also likely that you will be a participant in these activities. You are asked to maintain and hold confidential all information regarding:

1. The performance of specific individuals.
2. Discussions and debriefings that occur during the learning events.
3. The details of specific learning stations and simulation scenarios.

By initialing, I acknowledge to having read and understood this statement and agree to maintain the strictest confidentiality about any observations I will make about the performance of individuals and the simulation scenarios while participating in learning events at the ATSSL. INITIAL ____

Release for Photographs, Digital Images and Video Recordings

By initialing below, I consent to be included in photographs, video, tape print and/or similar materials (the "Recordings") and further agree to the use and distribution of such Recordings for the purposes of promotional materials and internal quality improvement reviews by ATSSL. I understand that I will not receive any compensation for the use and distribution of the Recordings. I acknowledge that I am under no obligation to consent and agree that it is my voluntary decision to do so. INITIAL ____

NAME: (print) _____ **SIGNATURE:** _____

DATE: _____

PHONE #: _____ **EMAIL:** _____