

Diagnostic Medical Sonography Scan Model Acknowledgement of Risk, Consent and Release of Liability

This Acknowledgement of Risk, Consent and Release of Liability (“Consent and Release”) is executed by: _____ (please print first and last name) (“Participant”) and is issued to Moraine Park Technical College District (“College”).

Acknowledgement of Risk

The purpose of participating to model at Moraine Park Technical College Diagnostic Medical Sonography Program (“Activity”) are for students to gain diagnostic sonography scanning experience under direct supervision. I understand the scanning procedure which I will experience is not a diagnostic procedure. Although studies have been conducted to assess the health risks from ultrasonic energy, a common conclusion reached was that the studies necessary to support a definitive assessment of risk have not yet been completed and may require many years of completion. Clinical experience to date shows that ultrasound is a safe, useful means of conducting diagnostic examinations and there is no compelling reason to believe that adverse delayed effects will be apparent in the future.

Consent

I acknowledge an ultrasound scan is conducted for the purpose of educating students and will not be evaluated by Moraine Park Technical College faculty, employees, or students for medical purposes. American Registry for Diagnostic Medical Sonography (ARDMS) credentialed sonography faculty may or may not be present during the study. As such, the sonography faculty and students will not fully evaluate the desired exam and make no representations that the participant is receiving any medical diagnosis or treatment. I acknowledge that the College will use the scan for educational purposes but will not disclose any personally identifiable information about me or my medical information to any other party without my express written consent. I further acknowledge that the images taken as a result of the ultrasound scan will remain the property of Moraine Park Technical College, and will be kept for the duration of time necessary according to academic guidelines.

_____ I hereby assert that my participation is voluntary and that I knowingly consent. I understand I can choose, at any time, to not be a participant, but must notify the Program Director/Faculty immediately.

Hold Harmless, Indemnity and Release of Liability

In consideration of my participation in this Activity, I, for myself, spouse, partner, heirs, personal representatives, estate or assigns, hereby waive, release, and discharge the COLLEGE, including its Board of Trustees/Directors, administrators, officers, employees, faculty, agents and insurers, from any and all claims, causes of action, suits, damages, or liabilities sounding in negligence, which I have, shall have, or may have in the future against the COLLEGE arising out of, based on, related to, or connected with, my enrollment and participation in the Activity. This release of liability does not, however, apply to any intentional or reckless acts or conduct by the COLLEGE.

This Consent and Release shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under, or incident to, this Consent and Release. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

I understand that there is possibility that the ARDMS credentialed supervising (direct or indirect) sonography faculty and/or students may incidentally discover potential areas of diagnostic concern during this learning opportunity. Supervising (direct or indirect) faculty and students may, but are not required to, disclose what they discover, but are under no obligation to provide medical or treatment recommendations. I also understand that Moraine Park Technical College will NOT be responsible for any further follow-up with me or my physician. I agree to be personally responsible for following up with my physician for all medical care.

Participant Name: _____ Date of Birth: _____

Participant Address: _____

Participant Phone Number: _____ Emergency Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Relationship to Participant: _____

WARNING

By signing this document, I acknowledge that I am fully competent to sign this document; and that I execute this consent and release in full, adequate, and complete consideration fully intending to be bound by the same. I have been fully informed of and understand the contents of this Consent and Release. I have read and had opportunity to receive clarification on any questions I have about this activity. I am not relying on any oral or written representations, statements, or inducements, apart from those made in this Consent and Release.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years of age): _____ Date: _____