

Valley Career & Technical Center
School of Practical Nursing
Liability Release Form

I, hereby, agree to release Valley Career & Technical Center, its representatives, agents, and employees from liability for any injury, illness, or medical condition resulting from any cause, whatsoever, occurring to the named person at any time while enrolled in the VCTC School of Practical Nursing program including travel to and from clinical sites, expecting only such injury or damage resulting from willful acts of such representatives, agents, or employees.

I agree to indemnify and hold harmless Valley Career & Technical Center, its representatives, agents, and employees for any and all claims, demands, actions, right of action, and/or judgments by or on behalf of the named person arising from or on account of my participation in the Practical Nursing program.

I fully understand that all activities associated with this program are of an educational nature. I further understand that clinical activities required by this program will be performed in health care facilities where there is an inherent risk of injury or exposure to infectious and communicable diseases. I do fully understand that by entering this program, I personally assume all risks and financial liability associated with exposure to patients in these health care facilities and clinical sites.

I have read, fully understand, and agree to the above.

_____ Student Signature

_____ Parent or Guardian (if under 18)

_____ Date