

Assumption of Risk & Liability Waiver Form

West Virginia University Rural Health Day

Workshops

As a voluntary participant in the WVU Rural Health Day, including the suturing workshop, I [insert name] _____ volunteer to receive hands-on experience in closing a laceration (wound) using a suture practice kit. I understand that a suture practice kit contains a synthetic “skin” pad, surgical instruments such as scissors, needle drivers and forceps, suture, and gloves. I further understand that **suture needles are Sharps items and must be handled with care.**

I acknowledge the following:

- I have been provided a copy of, read, and acknowledge understanding of WVU SHARPS Policy for Non-Hospital Personnel.
- I will follow ALL instructions provided by the workshop director(s) and other WVU personnel during Rural Health Day.
- I will not handle sharps directly; I will use forceps only as directed.
- I will use suture needles and surgical instruments on the synthetic skin pad ONLY.
- I will not use or place suture needles or surgical instruments in close proximity to other participants, or in any way endanger other participants, workshop director(s) or other WVU personnel.
- I will dispose of use suture needles in the provided puncture-proof SHARPS container as directed by the workshop instructors.
- I will notify the workshop instructor(s) immediately if I injure myself or others in any way during Rural Health Day, including any cut or puncture of the skin.
- **I have notified the workshop director(s) if I am allergic to latex, or require any accommodations to safely participate in Rural Health Day.**
- I will not participate in any activity if I believe I cannot safely complete the activity and I will immediately inform the workshop director(s) of any issues or problems during Rural Health Day.

I understand that my participation in Rural Health Day is completely voluntary. Further, I understand that participating in Rural Health Day contains certain inherent risks that may expose me to injury and by signing below I agree that I have been made aware of and voluntarily assume those risks.

Based on the information included in this assumption of risk and liability waiver form, and my knowledge of the scope of Rural Health Day, I, _____, for myself and my heirs, executors, administrators, assigns, and anyone else who may be entitled to act on my behalf, am hereby releasing West Virginia University, its Board of Governors, the School of Medicine, and any of their agents, employees, students or volunteers from any responsibilities in case of any harm associated with the Project and I am waiving all claims of liabilities against West Virginia University, its Board of Governors,

the School of Medicine, and any of their agents, employees, students or volunteers that may be associated with my participation in Rural Health Day.

Signature: _____

Printed Name: _____

Date: _____