



Volunteering for Phlebotomy Procedures Release and indemnity Agreement

I, (Print Name) _____ Phone # _____
residing at _____

_____ being over
18 years of age (if under 18 years of age, Parents/ Guardian will be accompanying during the
procedure), hereby acknowledges and agrees to participate in a venous blood sampling and/or injection
practicum where venous blood will be drawn from me by venipuncture or finger sticks fellow students.

I hereby certify that I am in a proper condition and am medically and physically able to participate in
the clinical training. I acknowledge and understand that ABUNDANT TRAINING INSTITUTE is
relying on this representation and my execution of this release in allowing me to participate in this
clinical practice.

I am well aware, through didactic training, of the possible complications, attendant discomfort and the
risks that may arise from this procedure. I also acknowledge that the student perform procedure is a
student presently learning phlebotomy and/or injections and is not experienced in any of these
procedures.

I hereby release and discharge and agree to hold harmless and defend, ABUNDANT TRAINING
INSTITUTE, it's officers, directors, employees and affiliates from and against any and all injuries
claims, damages, liabilities, costs and expenses whatsoever, including reasonable attorney fees, which
I or anyone on my behalf may claim to have arisen or occurred in connection with my participation in
the clinical practices.

This release shall be binding upon me and anyone who succeeds to my rights and responsibilities, such
as my heirs, personal representatives or the executor of my estate.

Volunteer's Signature

Date

Signature of Parents & Guardian (if under 18 years of age)

Date

Instructor/Supervisor signature

Instructor's Name

Date