

# Experience Anatomy

## EMS BOOTCAMP: CASE STUDIES & CADAVERS

Thank you for your interest in this exciting course taking place on October 22, 2020. Please return completed registration form to [info@experienceanatomy.com](mailto:info@experienceanatomy.com).

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Profession: \_\_\_\_\_

Special areas of interest: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Glove Size (please note any allergies): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Emergency Contact (name & phone number): \_\_\_\_\_

Form of payment:  CASH       CHECK       CREDIT CARD       PAYPAL

### SESSION SELECTION:

A link to select your preferred session for both days will be sent following payment confirmation.

### NOTES/COMMENTS:

Please note here if invoice should be sent to an email address other than what's listed above.

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Experience Anatomy  
WHERE EDUCATION MEETS APPLICATION

EA provides all levels of training from basic anatomy to highly-specialized curriculum and makes the highest-quality educational resources available to all audiences in any environment.



## Lab Participant's Agreement, Waiver, and Release Form

I understand that while participating in this lab, I may come in contact with human cadaveric tissue. I understand and realize that while it is the policy of providers to test cadavers for specific diseases prior to their acceptance for use in this institution, that it is impossible for anyone to guarantee that I will not have contact with the cadaver of a person who was infected with the Hepatitis B, Hepatitis C, HIV viruses, syphilis or other bacterium, which was not known about or which testing did not reveal.

As a participant, I am aware of the means of transmission of infectious diseases and agree that all possible precautions should be made to prevent any transmission of infectious disease(s). I further understand that some risk exists that such transmission is possible merely through the handling of tissues, and some of the tissues I will be handling may have been harvested from persons infected with HIV or other infectious disease(s). Thus as an inducement to this institution to accept my registration for and to permit my participation in labs, I agree to adhere to the following procedures when handling all tissues.

- a. I will handle all tissues with care to avoid contact with my skin or mucous membranes.
- b. I will wear long pants, closed toe shoes and personal protective equipment (gowns, gloves, masks with eye protection, caps, and shoe covers), as reasonably anticipated, at all times during laboratory activities.
- c. I will observe extreme caution when using sharp instruments to avoid penetrating my or other's skin.
- d. I will be aware that supplies for my protection are offered as a service of the laboratory.
- e. I will be aware that Bloodborne Pathogens may be present in the lab and that proper clean up supplies are available for use.

I hereby release and hold harmless the institution and all Directors, Officers, Staff and Faculty of the Institute, and their respective successors and assigns, from, against, and with respect to any and all actions, suits, claims, damages, judgments, costs, and expenses of any and every kind and nature whatsoever, whether known or unknown, liquidated or unliquidated, fixed or contingent, direct or indirect, which I, my estate or any of my heirs, beneficiaries, successors, and assigns have or can have, shall or may have, or claim to have, against the institute, any such Directors, Officers, Staff, and Faculty, and their successors and assigns, and each of them, by reason of my participation at this lab and handling of tissue infected with any infectious diseases, including HIV.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- website or social media
- educational or information presentations
- printed marketing materials

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_