



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 AIMS EDUCATION 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, AIMS EDUCATION, 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