Purdue University
Veterinary Technology Distance Learning Program
Lynn Hall, Purdue University, West Lafayette, Indiana  47907

AGREEMENT AND RELEASE OF LIABILITY

Agreement and Release executed on ________________ by __________________________, date __________________________, printed/typed student’s name

of __________________________________________________________________.

Street Address ___________________________________________________________________________________________________________
City State/Province Country Zip/Postal Code

I, __________________________ hereby acknowledge that I have committed to
printed student’s name

participate in the following Clinical Mentorship Course(s): VM ___________________ print course number(s)

By enrolling in the above Clinical Mentorship Course(s), I certify that I am cognizant of all the dangers inherent in the veterinary medical profession and of the basic safety rules for activities connected therewith.

I further acknowledge that in connection with any Clinical Mentorship I have selected both the Clinical Mentorship Supervisor and the location where the course-related activities are to be performed; have familiarized myself with any additional dangers associated therewith; and, have not depended upon Purdue University in making that selection.

I understand that it is not the purpose of Purdue University, The Trustees of Purdue University or its officers, agents, or employees to serve as guardians of my safety while enrolled in the above course(s). I further understand and agree that neither Purdue University, The Trustees of Purdue University nor its officers, agents or employees, may be held liable in any way for any occurrence in connection with my participation in the above course(s), which may result in injury, death or other damages to me or my family, heirs or assigns.

In consideration of being enrolled in the above course(s), I hereby personally assume all risks in connection with them, and I further release and discharge Purdue University, the Trustees of Purdue University, and to the same extent as if expressly named herein, its officers, agents and employees (the “Released Parties”), for any injury or damage that may befall me while I am enrolled as a student in the above course(s), including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the Released Parties from any claim by me, or my family, estate, heirs or assigns, arising out of my enrollment and participation in the above course(s).

I further state that I am of lawful age and legally competent to sign this affirmation and release, and I understand that the terms herein are contractual and not a mere recital.

Purdue University is an equal access/equal opportunity/affirmative action university.
If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.
I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I am aware that this is a release of liability and a contract between myself and Purdue University, and I have signed it of my own free will.

In witness whereof, I have executed this affirmation and release at

__________________________________  on  _______________.

location of execution of this document  date

____________________________________

Student’s signature

Witness printed name:  ____________________________________
Witness signature:   ____________________________________

IF THE STUDENT IS A MINOR,  
THE PARENT OR GUARDIAN MUST COMPLETE THE INFORMATION BELOW:

I, __________________________, as ___________________ of the above student,  

printed name of parent or guardian  print “Parent” or “Guardian”

represent to Purdue University that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Clinical Mentorship indicated above, and further, in consideration of my child or ward allowed to enroll in the course, agree individually and on behalf of my child or ward, to the terms of the Agreement and Release of Liability.

Dated: ______________________

Signature of Parent or Guardian: ______________________

This form must be signed and returned to Purdue prior to beginning of the Clinical Mentorship.