

JSCC Veterinary Technology Program

Student Liability Release

STATE OF _____
_____ COUNTY

**MUST be COMPLETED &
SIGNED in the PRESENCE of the
Notary Public**

I, _____ (*Student's full name*) hereby acknowledge that I am nineteen years of age or older, or that if I am under the age of nineteen years, I am signing this release with the written consent of my parent(s) or legal guardian(s) whose signature(s) appear(s) below. I further acknowledge that I fully understand the contents of this release and that I am signing it voluntarily.

As a student or prospective student of Veterinary Technology at Jefferson State Community College, I am aware of the risk of personal illness, injury, or fatality, which is inherent in any medically related field, including veterinary technology. Some of the risks inherent to the field of veterinary technology in particular include but are not limited to such things as: dog, cat, and various other species bites and scratches, accidental self-injection with needles, being kicked, bitten, butted or run over by large animals such as horses, cows, sheep, and/or pigs; and accidental contact with communicable diseases.

Upon full awareness and consideration of the risks which I might assume in participating in the veterinary technology program and any related travel incident thereto, I hereby agree to release Jefferson State Community College, as well as the clinical site veterinarian(s) and staff from any liability for any type of illness or injury, including one resulting in my death, which is incurred by me during a period in which I am participating in any of the activities or while performing travel incidental to any activities related to the veterinary technology program.

Due to the inherent risks associated with pregnancy, any student who is pregnant must contact the veterinary technology faculty prior to attending classes.

I swear or affirm that I am _____ years of age, and that I was born on _____.

(Student's signature) Date _____

Address, please print)

Date _____
(Parent or Guardian if under 19 years of age)

STATE OF _____
_____ COUNTY

I, _____ a Notary Public in and for said County, State of _____, hereby certify that _____, (Student's name) who is known to me, acknowledged under oath before me on this day that, being fully informed of the contents of the above Veterinary Technician Liability release Form, he/she signed the same voluntarily.

Given under my hand and official seal, this the _____ day of _____, 20 _____.

Notary Public

My Commission Expires on _____