



Acknowledgment of Receipt of Simulation Center Rules and Regulations

I acknowledge that I have reviewed the CSE Simulation Center Rules and Regulations. I have read and understand the content of the document. I am aware that there may be changes made to this document from time to time, and that I will be responsible for reading and abiding by said changes.

I hereby grant the CSE Simulation Center the irrevocable right and permission to use photographs and/or video recordings of me on college and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I agree that no student will perform any procedure on human subjects, other students, or manikins without direct supervision. A clinical instructor must always be present, with no exceptions.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than 18 years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

I am further aware that I may contact the CSE Simulation Center staff regarding any questions or concerns. I understand that failure to abide by the terms of this manual may lead to a suspension (temporary or permanent) of the CSE Simulation Center facility privileges.

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Student Signature

Date

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Print Name

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Instructor Signature