



# AGREEMENT AND RELEASE OF LIABILITY for CLINICAL INSTRUCTION SITES

By enrolling in the DEVTP, I recognize that I am cognizant of all the dangers inherent in the veterinary medical profession and of the basic safety rules for activities conducted in association with this program..

I further acknowledge that I have familiarized myself with any additional dangers associated with the site that I have chosen to perform my clinical instruction. I acknowledge that my decision to chose this Clinical Instruction Site was not influenced by Cedar Valley College, the Dallas County Community College District, nor the American Animal Hospital Association.

I understand that it is not the purpose of Cedar Valley College, the Dallas County Community College District, or the American Animal Hospital Association to serve as guardians of my safety while enrolled in the DEVTP. I further understand and agree that neither Cedar Valley College, the Dallas County Community College District, American Animal Hospital Association, or any of their officers, members, agents or employees may be held liable in any way for any occurrence which may result in injury, death or other damages to me or my family, heirs, or assigns in connection with my participation in the DEVTP.

In consideration of my enrollment in the DEVTP, I hereby personally assume all risks in connection with them, and I further release and discharge Cedar Valley College, the Dallas County Community College District, and the American Animal Hospital Association and any of their officers, members, agents or employees (the "Released Parties") for any injury or damage, including death, that may befall me while I am enrolled as a student in the DEVTP, 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 DEVTP.

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. 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 drawn between myself and Cedar Valley College, the Dallas County Community College District, the American Animal Hospital Association, and any of their officers, members, agents or employees. I have signed this affirmation of my own free will.

### Policy on Student Professional Liability

Procurement of professional liability insurance for students and preceptors participating in the DEVTP is the responsibility of the student and their preceptor(s). Cedar Valley College, the Dallas County Community College District, the American Animal Hospital Association, and their officers, members, agents or employees cannot be held liable for student liability arising out of real or alleged wrongful acts or for payment of court costs, expert legal counsel, and claims adjusters from such acts.

I further state that I have read and understood the policy on student professional liability insurance and responsibilities and agree to the terms of that policy.

**Printed Name**

**Signature**

**Student ID#**

**Address**

**City**

**State/Province**

**Zip**

**Country**