



Initials: \_\_\_\_\_ **WAIVER AND RELEASE OF LIABILITY**

This agreement releases Little Medical School from all liability relating to injuries that may occur during participation in any of our classes or activities, including but not limited to the use of equipment such as stethoscopes, mortars and pestles, blood pressure cuffs, stuffed toy/plush or any other educational tools provided. By signing this agreement, I acknowledge the inherent risks involved in these activities and agree to hold Little Medical School entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence or otherwise.

*Initials:* \_\_\_\_\_ **USE OF STETHOSCOPE** *(where applicable for certain classes)*

I acknowledge the risks involved in using a stethoscope. These include but are not limited to ear infections, blown ear drums, wrapping stethoscope around neck, and yanking of stethoscope causing injury. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

I understand that I am participating voluntarily and at my own risk. I affirm that I am physically fit and capable of participating in these activities. I also agree to comply with all stated and customary terms and conditions for participation.

By signing below, I forfeit all rights to bring a suit against Little Medical School for any reason. In return, I will receive participation in the educational activities offered. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, the undersigned, fully understand and agree to the above terms.

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (if participant is under 18): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_