

**THE
BAREFOOT
BLACKSMITH**

Dr Sharon May-Davis 3 day Anatomy Clinic

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT.

I, (name) _____

of (address) _____ **Postcode** _____

Phone: _____ **Email:** _____

in the State of _____

Understand and acknowledge that working with cadavers has a number of inherent and/or obvious risks and may result in serious injury and/or death. An inherent and/or obvious risk may include, but is not limited to:

- (a) cadaver falling and resulting in injury or death to persons on or around the cadaver;
- (b) the unpredictability of my own or other participants reaction to unfamiliar sounds, odors, movement, objects, persons or other animals;
- (c) hazards including but not limited to surface or subsurface conditions;
- (d) a collision with another person or an object; and
- (e) the potential for another person to act in a negligent manner that may contribute to injury or death to myself or other persons..

I further understand and acknowledge that:

- I will be working in a group and that I will at all times be responsible for my own safety and actions.
- I understand disposable gloves, covered footwear and aprons must be used when handling the cadaver at all times.
- It is correct infection control procedure to wash my hands correctly after the dissection before touching my face or eating and drinking.
- I will not use containers associated with the dissection for food or beverages.
- I will conduct myself in a responsible manner at all times. I will not act irresponsibly or fool around in the learning environment. Practical joke/s or prank/s by any person/s will be deemed dangerous and are strictly prohibited.
- I will follow all verbal and written instructions carefully. If I do not understand a direction or part of a procedure, I will ask the instructor before proceeding.
- To prevent the transference of pathogens I will wear gloves that are provided (latex and non-latex for people with allergies) when touching and handling the cadaver and bones.
- I will not touch any equipment, chemicals or other material in the dissection area until I am instructed to do so.
- I will not handle scalpels and if found I will ask the dissection nurse to dispose of used and unused scalpels.
- I understand all biological materials are to be treated with respect and disposed of properly as instructed. No specimens or specimen parts are to be removed from the learning environment unless agreed upon with the teacher.
- I will observe good housekeeping practices and endeavor to keep work areas clean and tidy at all times and clear of tripping hazards.
- This clinic is an **introduction** to Equine Anatomy
- Any recommendations made at the clinic are the opinions of those presenting the clinic and are not intended to replace veterinary advice
- If at any time the instructor/s feel that my actions may cause a safety risk to those around me that I will be asked to leave the clinic immediately.
- Consumption of alcohol or mind altering drugs is dangerous before the clinic and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law during the clinic.
- I am to immediately report to the instructor any injury to myself and the manner in which the injury occurred.

I agree to follow the directions of "the Releasee" and that any misconduct or refusal by me to follow any direction of the release can result in cancellation of participation in this clinic. I understand that any such noncompliance may result in injury, death and/or permanent disability.

In consideration, therefore, for being allowed to participate in the clinic at ("the property")
Mayfield 470 Middle Creek Rd Yarck 3719

On (date) _____ in the state of _____, I, for myself
and on behalf of my heirs, assigns, personal representatives and next of kin, hereby indemnify and agree to hold harmless Andrew Bowe, Nicole Bowe, Sharon May-Davis and all of their employees, agents or servants ("the Releasee") and release them from any liability or responsibility for accident, damage, injury or illness, including the provision of or participation in rescue and/or first aid procedures, to myself.

I warrant that I:

- (a) Have read and understood this document and the rights that I am giving up by signing it;
- (b) Have signed this document freely and voluntarily without any inducement or coercion by the Releasee; and
- (c) Acknowledge that the Releasee is relying on the representations made by me in this document.

This release and indemnity shall apply in relation to the premises and operations of the Property including handling or otherwise being near horses owned by me or in the care, custody and control of the Releasee.

Dated:

Signed by: _____

("the Releasor")

Signature of Witness _____

Name of Witness _____

Address of Witness _____

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The Dissection Safety Agreement must be signed and returned to the instructor before commencing the dissection.