**Participant Understanding of Release:**

**Expectations:**

* Participants are expected to display professional behavior throughout the program including all events and workshops (this includes appropriate dress).
* The use of profane or vulgar language will not be tolerated.
* Cell phones will be kept on silent/vibrate. Students will be allotted breaks to use their cell phone and at other times will be actively involved in the workshop.
* Participants must wear closed toed shoes to workshops.
* Participants will wear their hair pulled back and out of their eyes and face.
* Participants participating must stay with the group for the duration of the workshop and will not leave until the workshop is over. (unless there is an emergency)
* Participants are expected to attend the entire workshop and actively participate in workshop activities. If the student has any physical limitations, they are to be provided in writing on the application. This would also include any medications that they may need during a workshop or strenuous activity. (examples: inhalers, epinephrine pens, etc)
* If the participant is exposed to protected health information through shadowing/volunteering they will abide by the HIPAA laws and not disclose anything they hear or see to anyone for any reason. An overview of the HIPAA laws can be found at http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf
* Participants will provide their own method of transportation to and from the workshops.

I hereby consent that during any workshop, or event, I will be exposed to various potential hazards. These include sharp objects or chemicals in labs, dissections, and cooking workshops such as knives, scalpels, tweezers, probes, or formaldehyde. I acknowledge that the Southwest Missouri Area Health Education Center, Missouri State University and those acting under its permission or authority will not be held responsible for any injury or accident that might occur while traveling or participating in this program and that any medical expenses incurred as a result of such injury or accident will be my responsibility. I understand and agree to act responsibly and comply with rules, expectations, and regulations of Missouri State University, and those acting under its permission or authority.

**Media Release:**

I authorize the Southwest Missouri Area Health Education Center (SWMO AHEC), Missouri State University, and those acting under its permission or authority, to permanently use and publish for lawful purpose any video pictures/photographs of me in which may be included in whole, or in part, or any words I have spoken about the program and its workers for the duration of my enrollment/renewal in the program. I waive my right that I may have to approve the finished product or copy or use to which it may be applied. I release and discharge SWMO AHEC, Missouri State University, and those acting under its permission or authority, from any liability for the use of any picture or video of me, or of any words I have spoken about the SWMO AHEC program and its workers.