

I, _____ (please print full name)
("User"), agree to participate in this simulation program sponsored by Nova Scotia Health
("NSH").

I agree to waive any claim I may have against NSH; their directors and officers;
employees; contractors; subcontractors; specimen suppliers; agents; and/or consultants
for any injury, disease, or other damage or loss which could result in any way from
participation in the program.

Further, I understand and expressly assume any risk associated with my attendance and
participation in this educational course as a result of exposure to, and possible contact
with, human or non-human cadavers for which no medical history is available; and
contact with or use of medical equipment including but not limited to tools, power
equipment, and/or instruments.

The User acknowledges reading this document and understands and accepts the terms
as stated:

Signature of Participant

Date

Witness

Date