



This Agreement is made by and between the undersigned \_\_\_\_\_ and Surgical Skills HI. This Agreement will remain on file at Surgical Skills HI and is in effect for the duration of one (1) year from the date signed below.

1. \_\_\_\_\_ agrees to wear appropriate attire and personal protective equipment at all times while in the lab space at Surgical Skills HI. This includes, but is not limited to, scrubs and/or gown, gloves, closed-toe shoes, shoe covers, and eye protection.

2. \_\_\_\_\_ represents that he or she has been trained in Universal Precautions as defined by the Occupational Safety and Health Administration (OSHA) laws and regulations and agrees to follow the Universal Precautions and any other Lab and Safety precautions. The above individual also agrees to dispose of hazardous material and sharps properly.

3. Surgical Skills HI's tissue supplier has certified that all tissue specimens provided by Surgical Skills HI to \_\_\_\_\_ have been screened and serologically tested for human immunodeficiency virus (HIV) types 1 and 2, hepatitis B surface antigen (HbsAg), HBV, and hepatitis C virus (anti-HCV). No other diseases have been tested unless otherwise specifically requested in writing by \_\_\_\_\_ prior to the lab.

4. Surgical Skills HI will not release tissue that has tested and confirmed to be serologically positive for the diseases listed above. All other tissue may be released at the sole discretion of Surgical Skills HI.

5. \_\_\_\_\_ is fully aware that handling of human tissue is a hazardous activity.

6. \_\_\_\_\_ agrees to release and hold harmless Surgical Skills HI, its owners, officers, directors, employees, agents, contractors and affiliates from any and all liability loss, claim, damage or injury that might arise or result from, or relate to, now and in the future contact with tissue specimens while using the Surgical Skills HI lab.

7. \_\_\_\_\_ agrees to comply with all state and federal laws and regulations regarding the handling of human tissue and anatomical specimens, including but not limited to, OSHA laws and regulations.

8. \_\_\_\_\_ understands that it is the policy of Surgical Skills HI to treat donated human specimens with the utmost respect and gratitude at all times and pledges to comply with this policy.

9. \_\_\_\_\_ understands that the unauthorized use of photographic, video and other electronic recording equipment in lab events supported by Surgical Skills HI in rooms containing human tissue is expressly prohibited unless permission is granted for educational purposes.

\_\_\_\_\_ has read this Agreement and understands its content. This Agreement with Surgical Skills HI is being signed by the above participant intentionally and freely. This Agreement is governed by the laws of the State of Hawaii.

Print Name - \_\_\_\_\_

Company- \_\_\_\_\_

Signature- \_\_\_\_\_

Date - \_\_\_\_\_

Station Number - \_\_\_\_\_