

CADAVERIC PROGRAM PARTICIPATION AGREEMENT

I agree to participate in a cadaveric surgical laboratory offered in whole or in part through Houston Methodist (Methodist). I recognize that my participation is voluntary and that the use of human cadaveric tissue for research or training is a privilege. I agree to treat the specimen(s) with respect and further agree to follow all guidelines set forth by all policies and procedures of Methodist and further agree to follow all directives and instructions of Methodist personnel.

I understand that during this lab, through interaction with cadaveric tissues, I may be exposed to diseases or suffer allergic reactions that may cause me illness or death. Though these conditions are rare, they are still a potential risk. These diseases may include, but are not limited to, Hepatitis B and/or Hepatitis C, HIV, and tuberculosis. In return for Methodist allowing me to participate in this lab, I assume the risks associated with participation in the lab program and take personal responsibility to take all reasonable steps to protect myself from potential direct exposure to animal tissues or bodily fluids, in accordance with the directions of Methodist staff. This includes wearing and utilizing all personal protective equipment required by Methodist staff. I agree to abide by all safety and infection control requirements that are communicated to me while I am at Methodist.

I further understand that the methods, techniques, and procedures demonstrated and the views and opinions expressed by speakers, presenters, and faculty are their own and do not necessarily represent those of Methodist, nor does presentation on the course program represent or constitute endorsement or promotion by Methodist. Methodist expressly disclaims any warranties or guaranties, expressed or implied, and shall not be liable for damages of any kind in connection with the material, methods, information, techniques, opinions, or procedures expressed, presented, or demonstrated.

I understand that I may have access to confidential information, or information of a type that is typically treated as confidential in the healthcare industry regardless of whether labeled as such, that belongs to Methodist or a third party because of my presence at a Methodist facility or other incidental or unintentional access. I agree not to copy, disseminate, or use such information. I will act in good faith to alert Methodist personnel to any such access to confidential information.

I authorize Methodist to use and disclose photographs or video images taken of me by Methodist personnel for the purpose of publishing and republishing in professional journals, medical books, on social media, on Methodist's website, or to be used for any other purpose which Methodist may deem appropriate.

Prohibition of photo/videos/recordings/livestreams

I understand and agree that no audio or visual recordings, still or otherwise, including but not limited to photographs, recordings, or live streams of a lab may be taken by me under any circumstance. Failure to follow this policy may result in my removal from the lab and I will be required to delete any such recording or image. Without limiting the generality of the preceding, if I am the designated recorder approved by Methodist and my company to take the official recording of the lab, I will follow the instructions of Methodist and any images, photographs, recordings, live streams, or any other video or audio medium will be recorded only for the official purpose of the lab and I will not use them for personal use under any circumstance.

I have read, understand, and agree to the terms of this agreement.

By: _____

Name: _____

Date: _____

Organization: _____