



South Dakota State University
College of Nursing

Multi-Waiver Release Form

- _____ 1. I give permission for my picture from my South Dakota State University (SDSU) student identification photo to be reproduced as part of a composite picture for the College of Nursing, Department of Undergraduate Nursing for faculty use, and for my clinical name badge. I authorize SDSU to photograph me and/or my property and authorize SDSU the absolute right and unrestricted permission to publish and/or use such photographs for use in any of its publications and/or promotional materials.
- _____ 2. I give my permission for the South Dakota State University College of Nursing, Department of Undergraduate Nursing to provide my Colleague Identification number, social security number, immunization status, background check results, TB test results and urine drug screen results to the healthcare agencies where I have nursing student clinical experiences. I understand the release of this information is necessary to permit access for full clinical participation.
- _____ 3. Students within the South Dakota State University College of Nursing are required to have health insurance coverage for the duration of the student's program of study because students assigned to any clinical experience are not covered by any participating institution or agency or by South Dakota State University or its Departments. Therefore, I understand that I am required to possess health insurance coverage for the duration of my program of study in order to participate in all clinical experiences associated with my Department.
- _____ 4. I understand that I am responsible for all of my own medical expenses due to injury or illness and agree to hold harmless, release, and indemnify agents, servants, employees, faculty and students of South Dakota State University from all causes of action, claims demands, or liability, which may arise during my course of study, on behalf of myself, my heirs, my executors, administrators or assigns, or on behalf of my minor child or children or his/her/their heirs, executors, administrators or assigns.
- _____ 5. I understand that I must report criminal offenses (other than minor traffic violations, such as speeding) to Nursing Student Services within two working days of the offense. Examples include, but are not limited to: minor consumption of alcohol, minor possession of alcohol, assault, vandalism, driving while under the influence, disorderly conduct, etc.
- _____ 6. I acknowledge that I have read and understand the Technical Standards, found in the Nursing Handbook, which are required for entry into and progression through the nursing major. To the best of my knowledge, I currently meet these technical standards. Should any circumstance occur which prevents me from meeting these technical standards, I will notify my semester coordinator within two working days or my next scheduled clinical or class day (whichever occurs first).

- _____ 7. I have read and understand the Progression Requirements, found in the Nursing Handbook, for the South Dakota State University College of Nursing.
- _____ 8. I understand that I will accept responsibility for the use of South Dakota State University College of Nursing laboratory equipment/supplies. In the event an item(s) is lost, stolen or damaged while issued to me, I agree to replace said items(s) at my expense. Standard checkout time is one week unless other arrangements have been made with the Lab Coordinator. An incomplete grade (I) will be assigned for the course until restitution is made. This is in force during the time that I am enrolled in the nursing major at SDSU. If I do not sign this waiver, I will not be eligible to check out equipment/supplies from the College of Nursing.
- _____ 9. As a patron of the SDSU Simulation Lab, I understand the significance of confidentiality in respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA). I agree to report any violation of confidentiality that I become aware of to my instructor. Simulation experiences are meant to offer the student an opportunity to be involved in a possible clinical experience that may be encountered on a healthcare unit and the simulation environment should be treated as real. The simulation experience may evoke some unexpected emotions, actions, patient responses and outcomes. If this experience is videotaped by the faculty it is confidential and can only be viewed by the students, the faculty members, and may be utilized for research purposes to assist in making this type of teaching/learning experience better.
- _____ 10. I acknowledge and aware of the danger involved in participating in driving or riding in the State Motor Pool Vehicles on approved SDSU College of Nursing trips off campus for the purpose of class or clinical experiences. On behalf of myself, my executors, administrators, heirs, next of kin, successors, and assigns I hereby: a) waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to my estate, the State of South Dakota, and its officers, agents and employees, and b) indemnify and hold harmless the State of South Dakota, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as a result of any of my actions during this activity or event. I hereby consent to receive any medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. This is in force during the time that I am enrolled in the nursing major at SDSU. If I do not sign this waiver, I will not be eligible to drive or ride in the State Motor Pool vehicles.
- _____ 11. I understand it is my responsibility to have my personal laptop configured by IT at my campus location prior to the first day of class. I understand my computer must meet the hardware and software specifications outlined in the Nursing Student Handbook.
- _____ 12. I acknowledge that I have read and understand the Nursing Student Handbook.
- _____ 13. I understand this form must be uploaded to Certified Background by the due date.

Printed Student Name

Date

Student Signature