

CONSENT INFORMATION

By registering as a participant in any event through the GoSignMeUp (GSMU) scheduling system I hereby agree to the following consent information. I understand that if I do not agree to part or all of the following I may not register as a participant in the GSMU system and must submit in writing the consent I withhold to admin@bestpracticemedicine.com with one day of first attempt to register if I desire to attend an event.

Video Consent

I understand that my Best Practice Medicine (BPM) training may be videotaped for educational and related purposes, which may include marketing. All individual and group performance information will be kept confidential and will be used for educational and related purposes only. I also understand that the video will be stored indefinitely. I am granting BPM facilitators non-exclusive and irrevocable rights and license to make, edit, and use videos from my BPM training session for publicity, news or advertising, including print, broadcast media, and the internet for BPM promotional and educational purposes only.

I understand no money or other type of compensation will be provided to me or anyone representing my interests for allowing BPM program facilitators to take and use still pictures of me. I further release BPM program facilitators from any and all claims of payment for performance rights, residuals, or damages for libel, slander, invasion of privacy, or any other claim based on using still pictures from my BPM training session.

Photo Consent

I am granting BPM facilitators non-exclusive and irrevocable rights and license to make, edit, and use still pictures from my BPM training session for publicity, news or advertising, including print, broadcast media, and the internet for BPM promotional and educational purposes only.

I understand no money or other type of compensation will be provided to me or anyone representing my interests for allowing BPM program facilitators to take and use still pictures of me. I further release BPM program facilitators from any and all claims of payment for performance rights, residuals, or damages for libel, slander, invasion of privacy, or any other claim based on using still pictures from my BPM training session.

Release of liability

In consideration for my participation in BPM training, any and all claims that I or my heirs, agents, representatives, successors, or assigns might have against the BPM program or any affiliated partner, its employees, contractors, sponsors, officials, or volunteers, for any and all injury or illness which may directly or indirectly result from my participation in this program, are waived by signing this log. I hereby release and discharge the BPM program facilitators and its affiliated partners, their successors and assigns, officers, employees, and agents from any and all claims and demands arising out of or in connection with my participation in a BPM program.

Indemnification and Hold Harmless

I hereby agree to INDEMNIFY DEFEND AND HOLD the Releases' HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, Participant's participation in the Event, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

I understand that it is my responsibility to integrate any training I receive from BPM into my job practices and duties. I further understand that it is my responsibility to make independent assessments as to the degree to which the BPM training is appropriate and useful in my job and how best to incorporate the BPM training into my job practices and duties.

Assumption of Risk

I hereby acknowledge and agree that I understand the nature of the Event; that I am qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the Event; and that, except as expressly set forth herein, I knowingly and voluntarily, accept, and assume responsibility for all such risks and dangers that could arise out of, or occur during, Participant's participation in the Event.

Acknowledgment of Understanding:

I have read this assumption of risk, release and waiver of liability and indemnity agreement, and have had the opportunity to ask questions about the same. I fully understand this assumption of risk, release and waiver of liability and indemnity agreement, that I am giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital.

Latex Warning

I understand that the BPM simulators and equipment may incorporate latex into their design. When performing certain maintenance and educational procedures, the latex can become exposed. Users with latex sensitivity should take necessary precautions when handling the simulator while performing those procedures.

Product Endorsements

Best Practice Medicine, its facilitators and administrators do not specifically endorse any products used in these training sessions. When possible, equipment from multiple suppliers may be incorporated into the training.

Follow up evaluations

In order to assess how valuable this class/training was, BPM may contact you in the future to have you provide feedback on the training that you will receive. We want to know what segments of the training you are using in your practice and what you feel are the most useful training elements. We are evaluating the usefulness of the training and NOT you. You may be asked to complete an online survey or a direct paper-and-pencil survey, based on your preference. Please provide your contact information and indicate the best methods to remind you to complete the survey or to have you complete and return the survey.

We respect your privacy and will never sell, rent, lease or give away your information (name, address, email, etc.) to any third party.

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