



## **Informed Consent**

**Radiography** – I understand that if I am pregnant, or may be pregnant, that I will take all precautions to avoid x-ray exposure, including use of a lead apron, proper positioning away from the tube head, and limiting my exposure in anyway possible.

**Teeth Polishing** – I understand that I will be polishing other student’s teeth, as well as having my teeth polished by other students, and I accept all risks and responsibilities involved with teeth polishing.

**Teeth Whitening** – I understand that if I am pregnant, nursing, have poor dental health (decayed teeth, exposed roots, gum disease, wearing braces, recent oral surgery, or jaw problems), that I will not use the whitening products. At-home treatments have risks that you should consult with your dentist about ahead of time. Reversible tooth sensitivity and gum irritation can occur, which will disappear within a few days after discontinuing use, decreasing the time you bleach your teeth, or increasing the amount of time between bleaching treatments.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Job Placement**

I understand that the American School of Dental Assisting does not guarantee a job after the completion of the 11 week course. ASDA will provide students with the resources to be able to apply for Dental Assisting positions. After completing the course students will receive a letter of recommendation, course outline, Dental Assisting certificate, dental radiology certificate and CPR. ASDA is also available to answer any questions a potential employer may have about the ASDA program or student.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Liability Waiver**

The undersigned hereby releases and forever discharges the American School of Dental Assisting, its administrators, agents, assigns, and all other persons, firms, dental offices or dental clinics that the externship is performed at, corporations and educational institutions, who it might be claimed to be liable, none of whom admit any liability from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from any accident which might occur as a result of any social, educational, or any other event or activity sponsored by the American School of Dental Assisting. The undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, stipulated or otherwise, on account of the injuries and damages above mentioned, and for the express purposes of precluding forever any further or additional claims arising out of any possibility accident by the undersigned.

It is further agreed that the release expresses a full and complete settlement of liability, regardless of the adequacy of the aforesaid and that the acceptance of this release shall not operate as an admission of the liability on the part of anyone, nor as estoppels, waiver, or bar with respect to any claim the part or parties release may have against the undersigned.

This release is binding on my heirs, executors, assigns and administrators

This is a voluntary release for any and all future injuries or accidents. The undersigned is aware of the risks of attending, traveling to and participating in education, social, and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

I have read and understand all of the above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_