

HORRY-GEORGETOWN TECHNICAL COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Visitors Observation Liability Release Form

I understand that during my observational period in the Radiology Department, I may be exposed to patients' blood and body fluids, and to exposure to radioactive materials and x-rays. Any of the listed have the potential to be harmful to my health.

The signature(s) below verify that \_\_\_\_\_ Hospital and its' employees are hereby released from liability for any incident which may occur as a result of this supervised observational experience. I have been given the chance to ask questions about this release and my possible injuries and have had my questions answered so that I understand.

(Call (843) 839-1149 or (843) 477-2180 concerning questions regarding the observational experience.

\_\_\_\_\_  
Observing Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
H Number or SSN

\_\_\_\_\_  
Parent or Legal Guardian  
(required if under 18 years of age)

\_\_\_\_\_  
Date