Kansas State University College of Veterinary Medicine Department of Clinical Sciences Participant/Trainee RELEASE

WHEREAS, Kansas State University, acting for and on behalf of its College of Veterinary Medicine, has agreed to provide certain clinical training for preparation of the CPE exam.

WHEREAS, it is the desire and intent of the Kansas Board of Regents and Kansas State University, their agents and employees, and the College of Veterinary Medicine to be released and forever discharged from all claims, demands, damages, actions, or causes of actions arising from or connected with the handling, diagnosis or treatment of animals by the Participant/Trainee, acting jointly or severally, and

WHEREAS, it is the choice of the Participant/Trainee to release, waive, and relinquish all of Trainee's claims, demands, damages actions, or causes of actions, arising from or connected with the handling, diagnosis or treatment of animals in the special clinical training program at the College of Veterinary Medicine.

NOW, THEREFORE, in consideration of the benefits received by me from the College of Veterinary Medicine, I, ______, County of ______, State of ______, do hereby release the Kansas Board of Regents, Kansas State University and their agents and employees, and the College of Veterinary Medicine, from all claims, demands, damages, actions, or causes of actions, arising from or connected with the handling, diagnosis or treatment of animals by me, the Participant/Trainee, including claims for negligence..

Signature	of Partic	ipant/Trainee
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Date