

## Preceptee Release Form

The undersigned will be participating as a Preceptee in the Preceptorship Program of the American Society for Laser Medicine and Surgery, Inc. ("ASLMS"). I understand and acknowledge the following:

1. I will comply with the requirements of the Preceptorship Program as set forth by ASLMS.
2. ASLMS will have no role in or responsibility for the actual implementation of my individual preceptorship, including but not limited to supervision, administration, advice, guidance, monitoring, direction, conduct, or performance.
3. Each individual preceptorship reflects the views, skills, practice, and content of individual preceptors only, and that the views, techniques, and practices demonstrated in my preceptorship do not represent the views, practices, opinions, or recommendations of the ASLMS as an organization or of the funding sponsors.
4. ASLMS assumes no liability for any individual preceptorship. I am participating in the preceptorship voluntarily, and I agree to assume and accept known and unknown risks which may be associated with the program.
5. The availability of hands-on experience during the preceptorship depends upon local practice or institutional requirements for licensure and insurance coverage, and I must seek information from the preceptor defining the expectations of my individual preceptorship program.
6. The approval of preceptors and preceptees for participation in individual preceptorships, and the associated funding, by ASLMS is governed solely by the criteria as set forth by ASLMS, and is not based on consideration of clinical abilities, personal characteristics, or similar factors.
7. Any financial resources I may receive from ASLMS to defray expenses associated with my participation in the preceptorship are derived from ASLMS's role as fiscal agent and I will use any such resources only for the purposes for which they have been designated.
8. I release, indemnify, and hold harmless ASLMS and its directors, officers, employees, agents, successors, assigns, volunteers, program sponsors, and contributors from all liability, claims, damages, and legal fees and costs relating to any injury or harm, physical or otherwise, to myself or to any other person or property which may arise out of or in connection with the preceptorship.
9. ASLMS recommends that preceptees obtain their own insurance to cover preceptorship activities. I am responsible for obtaining my own insurance coverage and I will secure such coverage before participating in a preceptorship.

Date \_\_\_\_\_

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name