



To be distributed and collected by school from participants prior to program:

Tour of the Body

Acknowledgement and Release Form

Logan College of Chiropractic/University Programs offers a “Tour of the Body” education outreach Program in anatomy, health and science through its Basic Sciences Division. The Program is offered to students (sixteen years and older) associated with either a high school or college/university (“School”). This special anatomy prosection experience is conducted in the Logan Anatomy Amphitheater and Laboratory on the second floor of Logan’s Science and Research Center. In the Program, Participants will be introduced to Logan and explained its rules of conduct in an anatomy laboratory. Upon acceptance, the Participants enter into Logan’s anatomy facility and observe methods of cadaver preservation and receive an overview of the physiology and the anatomic relationships of the major organ systems of the human body. Following this brief introduction, participants will observe an actual dissected human cadaver, viewing the musculoskeletal system, cardiovascular system, gastrointestinal system and associated organs, the renal system, and the nervous/endocrine system. The tour will address the physiological function of the various organs and how their actions are orchestrated and controlled by the brain.

As a Participant _____ (print full name) of Logan’s “Tour of the Body” Program, I agree to the following Rules:

1. I understand that it may be necessary for Logan officials to obtain emergency medical assistance in case of accident or sudden illness. I further understand that, in case of accident or illness, I accept responsibility for costs of medical care. I hereby hold Logan and its representatives harmless in the exercise of this authority.
2. I understand that Participants observe dissected cadavers and cadaver specimens. I accept total responsibility and will hold harmless and indemnify Logan against any liability, including all costs and expenses, which may result on account of any injury or sickness suffered or incurred from Participant’s observation of anatomical specimens.
3. I agree to be respectful of the donors and keep their information confidential.

Signature of Participant (including Minors)

Date

If applicable, Signature of Participant’s Parent and/or Legal Guardian
(Legal guardian signature required for all high school students)

Date

Name of School