

## COURSE PARTICIPANT AGREEMENT TO PARTICIPATE, AND RELEASE FORM

Amberheart Breast Cancer Foundation requires that all participants of the MAPPS Breast Self Examination Course sign this Agreement to Participate and Release Form in order to be eligible to participate in the course.

The undersigned acknowledges an understanding of the following:

- 1 The MAPPS course is designed as a self-help tool to increase awareness and allow for the possibility of early detection of changes in the breast. However, it is not intended to replace consultation with a qualified medical professional or other forms of breast cancer screening (such as mammography). It is important that you do not diagnose yourself as suffering from cancer but that in the event of finding abnormalities you see a qualified health professional.
- 2 Although all of the practical training activities in the MAPPS course are performed on silicon breast models, a necessity to touch one's own breast in order to compare the structures within it to those in the model may be necessary.
- 3 Some nudity (exposed breast) may be shown during the lectures in order to describe the structures etc. within it. Those who are uncomfortable with viewing such nudity should not participate in the course.
- 4 Amberheart Breast Cancer Foundation does not take responsibility for the proper diagnosis of changes within the breast of the participant nor does the participation in this course guarantee that after its completion the participant will always be able to discover lumps if they should occur.
- 5 The participant understands that some personal information may be required for the purposes of statistical evaluation etc. All information provided during the course will be held in strict confidence.
- 6 Any materials received during the course are to serve as personal guidelines only, they are not to be reproduced or distributed in any manner, nor should they serve as substitutes for consultation with qualified medical personnel, yearly clinical breast exams or yearly mammography screening.
- 7 Although the information provided at this course was provided or obtained from sources believed to be reliable and every effort has been made to ensure that this information is both accurate and complete the accuracy or completion of it however cannot be guaranteed.

**I have read and understand all of the above provisions and agree that Amberheart Breast Cancer Foundation is not liable for any difficulties or misunderstandings that may arise during or as a result of my participation in this training course.**

\_\_\_\_\_  
Name of Participant:

\_\_\_\_\_  
Participant's Signature

Date: \_\_\_\_\_  
          day                  month                  year