

Mentorship Program

Mentorship Program Mentor Release Form

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

1. I will comply with the requirements of the Mentorship Program as set forth by the ASLMS.
2. ASLMS will have no role in or responsibility for the actual implementation of the mentorship, including but not limited to supervision, administration, advice, guidance, monitoring, direction, conduct, or performance.
3. Each individual mentorship reflects the views, skills, practice, and content of individual mentor only, and the views, techniques, and practices demonstrated in my mentorship do not represent the views, practices, opinion or recommendations of ASLMS as an organization.
4. ASLMS assumes no liability for any individual mentorship. I am participating in the mentorship voluntarily, and I agree to assume and accept known and unknown risks which may be associated with the program.
5. The approval of mentors and mentees for participation in individual mentorships, is governed solely by criteria as set forth by the ASLMS, and is not based on consideration of clinical abilities, personal characteristics, or similar factors.
6. I agree to release, waive, and forever discharge ASLMS and its directors, officers, committee members, employees, agents, successors, assigns, volunteers, program sponsors, and contributors (collectively, "Released Party") from any and all claims, losses, liabilities, costs, expenses, attorneys' fees and damages, of every kind and nature whatsoever, whether now known or unknown, foreseen or unforeseen (collectively, "Claims"), I have, or hereafter may have, against Released Party arising out of, relating to, or in connection with the Mentorship Program.
7. I agree to indemnify, defend, and hold harmless Released Party from all Claims relating to any injury or harm, physical or otherwise, to myself or to any other person or property which arise out of, relate to, or is in connection with the Mentorship Program.

Sign Full Name _____ Date _____

Print Full Name _____