

I, _____, agree to be a volunteer scan model at the University of Southern Indiana ("USI") for the Diagnostic Medical Sonography program. I acknowledge an ultrasound scan is conducted for the purpose of educating students and will not be evaluated by USI faculty, staff, or students for medical purposes. As such, the supervising sonography faculty and students will not fully evaluate the desired exam and make no representations that the volunteer is receiving any medical diagnosis or treatment. I acknowledge that USI will use the scan for educational purposes but will not disclose any personally identifiable information about me or my medical information to any party. I further acknowledge that the images taken as a result of the ultrasound scan will remain the property of USI and USI