

**Have you ever wondered what it's like to be a Dental Assistant?**

**Are you curious about the responsibilities and challenges  
involved with Dental Assisting?**

**Is Dental Assisting a good career move for you?**

The [CCC Department of Health Sciences](#) is offering potential applicants to our [Dental Assistant \(DA\) certificate program](#) the opportunity to participate in dental assisting hands-on activities:

## **2019 Dental Assistant Career Exploration**

**SESSIONS** (*select one*): April 9 or 24; May 6 or 21, 2019

**WHEN:** 6:00 pm – 9:00pm

**WHERE:** Harmony Community Campus  
Dental Assistant Lab, 3<sup>rd</sup> Floor, Room H-340

**WHO:** High School Juniors & Seniors,  
Current CCC students,  
Community members interested in enrolling  
at CCC for the DA Program

**COST:** Free, but registration is required.\*

*\*To register, please email Dental Assistant Program Director, Maria Corona ([mariac@clackamas.edu](mailto:mariac@clackamas.edu)). You must complete and submit the attached **Participant Consent**, **Emergency Contact**, and **Photo Waiver** prior to attending a session.*



Harmony Community Campus  
7738 S.E. Harmony Road | Milwaukie, OR | 97222  
503-594-0650 | www.clackamas.edu/HealthSciences  
**Education That Works**

## **PARTICIPANT CONSENT**

Although all skills are performed on simulated manikins, participants will be working with dental hand-pieces, sharp dental instruments, and dental materials, while performing various procedures. While eye protection and masks are provided, it is important that participants be made aware of the possible risk(s) associated with all procedures.

In consideration for participating in **Dental Assistant Career Exploration** during **Spring Term 2019**, I, the undersigned, fully recognizing the dangers and hazards inherent in this activity, as well as the dangers and hazards which may arise in the course of the activity, to which I may be exposed as a result of my participation, do hereby voluntarily:

1. Agree to assume all of the risk and responsibilities associated with my participation in the activity and providing my own transportation, if any.
2. Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge Clackamas Community College's trustees, officers, employees, agents, insurers, successors and assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above activity. This Indemnity Release form does not apply to gross negligence on the part of Clackamas Community College, its officials, or employees.

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify Clackamas Community College, for injuries, damages or losses I may cause and giving up rights to sue Clackamas Community College for injuries, damages or losses I may incur.

In witness whereof, I have caused this release to be executed this, \_\_\_\_\_.  
**Date**

\_\_\_\_\_  
**Printed Name of Participant**

\_\_\_\_\_  
**Signature of Participant**

I am a parent or guardian of the above named person who wishes to participate in **Dental Assistant Career Exploration**. I have read the above agreement. It is my intention, in signing it, to give permission to Clackamas Community College to allow my child to participate in this activity in accordance with the terms of the agreement.

\_\_\_\_\_  
**Signature of Parent or Guardian** *(if participant is under 18 years of age)*



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### **EMERGENCY CONTACT**

In the event of an emergency please contact:

**Contact #1:** Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Contact #2:** Name: \_\_\_\_\_  
Relation: \_\_\_\_\_  
Phone #: \_\_\_\_\_

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### **CONSENT FOR RELEASE OF PHOTOGRAPHS**

I hereby give permission to Clackamas Community College to release my name, photograph and video images, and audio voice recordings for use in local and regional media, college publications, college newsletters, websites, electronic, and social media, and for marketing, fund raising and publicity purposes.

I understand I will receive no compensation and that this permission is binding.

\_\_\_\_\_  
**Signature of Participant**  
*(Parent/Guardian required if participant is under 18 years of age)*

\_\_\_\_\_  
**Date**