



MODEL RELEASE FORM

I, _____ acknowledge that I will be serving as a model for Mammography Educators' Positioning Workshop/Demonstration. Approximately 10 mammography views will be demonstrated and performed by students as time allows. I understand that there may be up to 30 student attendees who will be positioning my breast for the standard mammography views. I understand that my breast will be compressed by a mammography unit during the standard views as a demonstration only and performed by the instructors.

I acknowledge that Mammography Educators' instructors will do their best to ensure that I will be treated professionally (e.g. breasts covered when demonstration is not in progress) and asking my feedback regarding my comfort level. If I am uncomfortable at any time, I will notify the instructor so that appropriate action can be taken. I am informed that I may withdraw my consent to participate as a model at any time. I also understand that my breasts may be tender during and/or following the workshop, and I will not hold Mammography Educators responsible for any injury resulting from my participation as a model. I understand that I will not be receiving an actual mammogram; there will be no radiation and no images taken, so this demonstration should not preclude my having an annual screening mammogram as appropriate, or per my doctor's recommendation.

I acknowledge that I have a clear understanding of the issues discussed above and verify that I have read this letter thoroughly and willingly volunteer to act as a model for Mammography Educators' Positioning Workshop/Demonstration.

Print name

Date

Signature