



Release of Liability Form

**Peer-to-Peer Assistance With Injection
“Doctoring”**

Date: _____

Peer providing ASSISTANCE: **Reputation for Doctoring:** **YES** **NO**

Release of liability

While participating in peer-to-peer assistance of illicit drug consumption involving injection at AHWC-SCS, we acknowledge and agree to the following.

Acceptance of risks.

We realize that participating in peer-to-peer assistance involves specific risks and dangers. An AHWC-SCS staff member has explained the risks and I understand the risks associated with peer-to-peer assistance with injecting illicit substances such as:

- infection
- accidental needle stick
- injury
- wastage of drugs
- tissue damage
- inability to locate vein(s)

We acknowledge that the peer assisting does not have any professional certification in injection and drug administration.

We release AHWC-SCS staff from any claim, liability, or action arising out of or related to any loss, damage, or injury we may incur during or as a result of my participation in peer-to-peer injection assistance.

Compliance with the rules

We agree to comply with all rules and instructions provided by peer doctor related to peer-to-peer injection assistance.

We agree to properly dispose of the needle after single use.

We agree if the peer-assisting intends to self-consume during the same visit, they must assist the other participant with their consumption BEFORE their own consumption.

Emergency medical treatment

In the case of an emergency, I give AHWC-SCS full authority to provide and arrange any necessary medical intervention or treatment. If applicable, please call my emergency contact listed in my file.

We give verbal consent to the terms of this Release Form

Peer ASSISTING Name/Identifier/Handle: _____

Peer RECEIVING Assistance Name/Identifier/Handle:

AHWC-SCS Staff Witness: _____