

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

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## HIV 500 PARTICIPANT AGREEMENT

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I, \_\_\_\_\_ hereby agree to participate in the HIV 500 Class: Basic HIV Transmission, Prevention and Legal Issues course conducted by the Florida Department of Health. I understand that this course will involve the discussion of sensitive issues such as: sexual transmission, safer sex, human sexuality and other areas. I also understand that I am participating in this course of my own free will and that I am not being forced into providing these services or attend this class against my own personal, religious, moral, ethical, political or other beliefs. I also hereby give up any and all rights to hold the Florida Department of Health and the course instructor(s) responsible for any possible conflict with my personal, moral beliefs, or value system and/or any similar problem I may have in relation to the course.

I agree to conduct myself in a professional manner in the class and respect the opinions of other participants in the group. I understand that not everything in this course may be of direct benefit to me and/or my agency, but it has been explained to me that this is a general course conducted in such a manner as to benefit the majority of those individuals and/or agencies that will deliver these services.

**Print Name:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Witness:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_