

Microbiology Laboratory (BIOL 3702L)

STUDENT LABORATORY CONSENT AND RELEASE FORM

Student Name: _____
[Please Print – Last Name first, then First Name]

I/my child may need to work with animals, biological materials, or chemicals. I further understand that the laboratories of Youngstown State University may contain hazardous substances and equipment and that *I/my child* may be subject to potential risks that could result in illnesses or injuries. I understand these risks and assume them knowingly and willingly for *myself/for my child*.

I knowingly accept responsibility on behalf of *myself/my minor child, my/my child's* family, heirs and personal representatives, to assume all risks and responsibilities surrounding *my use/my child's* use of and access to the laboratories of Youngstown State University. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Youngstown State University, its Board of Directors and the State of Ohio, their respective members, officers, employees and students from and against any damage, claim, loss or liability for injury to person or property which *I/my child* may suffer or for which *I/my child* may be liable to any other person during *my use/my child's* use of and access to the laboratories resulting from any cause, excluding only those claims, losses or liabilities caused by the gross negligence or willful misconduct of Youngstown State University, its members, officers, employees and students. I further agree that *I/my child* will adhere to all policies and procedures related to laboratory usage, access, and safety.

For student over the age of eighteen (18): I accept the risks associated with working in the laboratory. I have been informed of safe lab practices and agree to abide by them. I agree to utilize protective equipment when indicated.

Student Signature: _____ Date: _____

For student under the age of eighteen (18): In the event of an emergency, I agree to allow Youngstown State University, its agents and employees, to seek emergency medical treatment for my child. Listed below are emergency contact numbers:

Name (printed)

Telephone Number:

Name (printed)

Telephone Number:

Knowing and understanding the circumstances and the risks described above, I consent to allow my child to be present and participate in the above-referenced laboratory and I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number.

Parent/Guardian Signature

Date

