

INFORMED CONSENT AND AUTHORIZATION FOR A MINOR TO ENGAGE IN LABORATORY RESEARCH ACTIVITY

The University of Michigan (“University”), through the Department of Environment, Health & Safety, has established general guidelines to promote the health and safety of minors engaged in laboratory research activity (“Activity”) that are available for review on the EHS website: [Minors in Research Operations](#)

Complete the [Project Checklist for Minors Performing Research in Laboratories](#) and submit with this consent form.

Minor

I agree to participate in the orientation and safety training that is provided and to comply with the rules of the University and the Activity site. I understand that I must obey these rules to ensure my own safety and that of my fellow students and instructors. I, therefore, will cooperate with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violations that result in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, receiving a failing grade, and/or dismissal from the Activity.

Name _____

Signature: _____

Date: _____

Parent/Legal Guardian

I understand that as part of my child's participation in the above-described Activity there are dangers, hazards and inherent risks to which my child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Activity may involve risks and dangers, both known and unknown, and I have chosen to allow my child to take part in the Activity. Therefore, I, and on behalf of my child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Activity.

I release the University of Michigan, its Board of Regents, Administration, Faculty, Staff, Graduate Students, and all other officers, directors, employees, volunteers and agents from any claims or liability arising from my child's participation in the Activity, provided that such claim is not due to the negligence of the released parties. I understand that this agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I authorize representatives of the University to obtain medical treatment for my child. I hold harmless and agree to indemnify the University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Activity.

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I also agree to indemnify University and all of its employees and agents from any financial obligations or liabilities that my child may cause while participating in the Activity, including attorney's fees and court costs resulting from his/her misconduct, errors, or omissions.

Name _____

Signature: _____

Date: _____

Address: _____
