

THE OHIO STATE UNIVERSITY
COLLEGE OF BIOLOGICAL SCIENCES

REQUEST TO PARTICIPATE AND RELEASE FROM LIABILITY
(MINOR)

As the parent or legal guardian of _____,
a **minor** who is _____ years of age, I hereby request that the University grant him/her special
permission to participate as a volunteer in the Department of _____
_____ laboratory.

I am aware that there are risks involved in the experiment/project he/she has chosen. For example, I understand that he/she may perform laboratory clean-up, sampling, laboratory experiments, and animal maintenance work. He/she may also work with glass containers, sharp objects and chemicals in the laboratory. There is the possibility that he/she may work with alcohol as a preservative and formalin as a fixative (I am aware that the Federal Drug Administration has identified formalin as a carcinogen). Further, I am aware that he/she may be traveling to and from area lakes or other off-campus sites to perform field work, and may be riding in motorized boats with electroshock equipment in use.

Although there is risk involved in my child's participation in these activities, I understand that he/she does so voluntarily and at his/her own risk. We assume all the risks associated with this experiment/project, including the risks associated with transportation by the University or its agents to off-campus locations and in boats, if applicable.

I certify that my child is physically and mentally able to safely participate in this volunteer experience.

In consideration of allowing my child to participate as a volunteer in the above described activity, I hereby accept all risk to my child's health and of his/her injury that may result from such participation. Further, I hereby release The Ohio State University, its governing board, officers, employees and representatives ("Releasees") from any and all liability to my child, including all claims, demands, losses and causes of action, for any and all illness or injury to my child that result from or occur during my child's participation as a volunteer in the above described activity, whether caused by the negligence or carelessness of Releasees.

I HAVE HAD SUFFICIENT TIME TO REVIEW AND SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE, HAVE CAREFULLY READ THEM, UNDERSTAND THEM TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURIES THAT MAY OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY. AFTER CAREFUL DELIBERATION, I, ON BEHALF OF MY CHILD, VOLUNTARILY AGREE TO THE TERMS OF THIS AGREEMENT.

My child currently does does not have health and accident insurance and my insurer is:

_____.

I further give consent for any emergency medical treatment my child might require.

In case of emergency, please contact:

_____ at _____
(Name) (Telephone)

I HAVE READ AND UNDERSTAND AND AGREE TO ALL OF THE FOREGOING
REQUEST AND RELEASE.

Signature of Student

Date

Signature of Parent or Guardian (if under 18)

Date

Return this form to the Department HR administrator. HR administrator: send (1) copy to the Principal Investigator/Faculty Member, and (1) copy to the College of Biological Sciences HR Officer, 105 Biological Sciences Building, 484 W. 12th Ave. (292-8772).