

# University of Rochester Policy for Visitors to Laboratories or Shops

## Permission and Release of Liability:

I, the undersigned, am the parent or guardian of \_\_\_\_\_ (“my child”).

By signing this document, I give permission to allow my child to visit/participate at the University of Rochester on \_\_\_\_\_ [date], which may include a University laboratory(s), shop(s), or other service location(s).

I understand that there is a risk of injury in visiting these locations. Injury could result from exposure to chemicals or biological agents, or from contact with equipment. Such injuries could include burns, rashes, allergic reactions, respiratory problems, or diseases.

In spite of those risks, I desire my child to visit the University laboratory, shop or service location. I understand and agree that if my child is found to be acting in a way that in the judgment of the host puts the child at risk for injury to self or others, the University may terminate the visit and remove the child to a safe location outside of Laboratory or Shop, and notify the child’s parent or guardian. **I hereby acknowledge and on behalf of my child assume the risk of injury related to the visit.**

I have read and understood this document.

\_\_\_\_\_  
Signed:

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

\_\_\_\_\_  
Date: