

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 University’s laboratory(s), shop(s), or other service locations.

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 to have my child visit the University laboratory, shop or service location. Should my child be found to be acting recklessly, I agree that immediate actions can be taken to have the child be removed before he/she becomes injured. **I hereby agree that if my child sustains any injury or property damage during or as a result of the visit that I will not seek to hold the University of Rochester and its employees and trustees responsible for any damages or costs, including but not limited to medical expenses, or legal fees, as examples.**

I have read and understood this document.

Signed:

Print Name:

Date: