

**Georgia State University**  
**CONSENT AND RELEASE FOR MINOR'S PRESENCE IN LABORATORY**

I, the undersigned parent/legal guardian of \_\_\_\_\_ (the "Participant") who was born on \_\_\_\_\_, understand and consent to the following:

I understand that my child has been offered the opportunity to participate in a project entitled \_\_\_\_\_ in a laboratory at Georgia State University ("GSU") for the period from \_\_\_\_\_ to \_\_\_\_\_, under the supervision of \_\_\_\_\_ [name(s) of Supervising Faculty Member and Principal Investigator].

I understand that some laboratory facilities or related locations at GSU are potentially hazardous environments. Even under ideal conditions, including the proper use of materials and adherence to safety procedures, a risk of personal injury exists. The list of Possible Risks from Exposure provided below provides the most common potential risks, but it is not intended to be an exhaustive list. Failure to adhere to established procedures may result in greater risk. The Participant will receive appropriate training concerning how to identify hazards and how to work safely with materials and equipment and will be supervised in the handling of instrumentation and materials that may pose a risk.

The hazardous materials that may be in this laboratory and to which the Participant may be exposed include (  check here if additional sheet is attached):

Hazardous Materials

Possible Risks From Exposure

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I understand that the Participant may be removed from the project on a temporary or permanent basis if he or she refuses, or is unable, to follow the safety rules, to wear assigned personal protective equipment, or to perform activities as directed.

I hereby warrant that to the best of my knowledge, the Participant is in good health and, except as specified below, has no allergies or other physical, mental, or emotional condition that might limit his or her ability to safely participate in activities in the laboratory. I assume all responsibility for the health of the Participant.

|                                |  |
|--------------------------------|--|
| Allergies                      |  |
| Physical Conditions            |  |
| Mental or Emotional Conditions |  |
| Other                          |  |

In the event of an emergency, I hereby give permission to transport the Participant to a hospital for emergency medical or surgical treatment. I assume the responsibility for the payment of all such emergency care and treatment. I also assume responsibility for the payment of all subsequent treatment and care that the Participant may require. I have listed emergency contact and medical insurance information below:

Emergency Contact Information

*Primary*

Name(s) \_\_\_\_\_  
Relation to Participant: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Evening phone \_\_\_\_\_

*Secondary*

Name(s) \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_

Medical Insurance Information:

Insurance Carrier \_\_\_\_\_ Carrier Group Number \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy Holder's ID# \_\_\_\_\_  
If applicable, Insurance Carrier pre-certification telephone number \_\_\_\_\_  
Address for claim submission \_\_\_\_\_

In consideration of GSU permitting the Participant to participate in a project in a laboratory, I hereby release, indemnify and hold harmless the Board of Regents of the University System of Georgia, GSU, and their officers, directors, faculty, staff, agents and authorized representatives from all claims, demands, rights, causes of action, suits, liabilities, losses, damages, costs and expenses (including attorney's fees and court costs) arising out of or resulting from the presence of the Participant in the above referenced laboratory.

I further understand that GSU facilities are being made available to the Participant as an educational opportunity and that he or she is not a student, employee, or affiliate of GSU. Knowing and understanding the circumstances and the risks described above, I consent to allow the Participant to be present and participate in a project in the above-referenced GSU laboratory.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_  
(Parent/Legal Guardian) (Date)

Witness Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_  
(Date)

*Copy of completed form must be submitted **prior** to start of Participant activities to the Georgia State University Department of Safety and Risk Management, 75 Piedmont Avenue, Suite 506, Atlanta GA 30302; Fax: 404-413-9550; Email: jsanders26@gsu.edu. Original copy should be maintained by the Super*