**Syracuse University**

**Minors in Laboratories Program Registration Form**

**Program Directors:** Please provide the information requested below and submit the completed Program Registration Form to Risk Management & Regulatory Compliance Services (riskadmin@syr.edu), and Environmental Health and Safety Services (ehss@syr.edu).

Prior to beginning any work in the laboratory, please provide a completed Program Registration Form to, and obtain a signed Assumption of Risk, Waiver and Release Form from, each minor participating in the Program.

**Program Director Information**

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| --- |
| Name:  |
| Department:  | Title:  |
| SU Email:  | Phone:  |

**Authorized Adult(s) Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Department | Title | SU Email | Phone |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |

(Please attach additional Authorized Adult Information sheets as needed)

**Program Information**

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| --- |
| Program Name:  |
| Laboratory Location(s):  |
| Expected Start & End Date:  |
| Number of Minors Participating:  |
| Please describe the specific experiments, activities, processes, etc. that the minor(s) will participate in. Include a list of materials and equipment to be used: |

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**Health and Safety Requirements:**

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| --- |
| Please acknowledge the following health and safety requirements will be adhered to in the laboratory: |
| [ ]  | The minor(s) will be supervised at all times by the Program Director or an Authorized Adult. |
| [ ]  | The minor(s) will be provided with information regarding the specific hazards present in the laboratory and the associated safety precautions. |
| [ ]  | The minor(s) will receive [Initial Laboratory Safety Training](http://ehss.syr.edu/laboratory-safety/laboratory-safety-training-catalog/) provided by EHSS prior to beginning any work in the laboratory. |
| [ ]  | The minor(s) will receive the appropriate hands-on training from the Program Director or an Authorized Adult prior to beginning any work in the laboratory. |
| [ ]  | The minor(s) will be provided with appropriate personal protective equipment specific to the experiment or activity performed. |
| [ ]  | The minor(s) will not participate in any experiment or activity that requires the use of ionizing radiation, lasers, biological hazards, controlled substances, particularly hazardous chemicals, animals, major physical hazards, or a respirator. |
| [ ]  | The minor(s) will not be provided with a laboratory key or key-card access. |
| [ ]  | Any laboratory incident involving the minor(s) will be reported to the Department Chair, EHSS, and Risk Management. |

**Syracuse University**

**Minors in Laboratories Assumption of Risk, Waiver and Release Form**

**Minor and their Parent:** Please review the information described in the Minors in Laboratories Program Registration From and sign the following Assumption of Risk, Waiver and Release Form. Signed forms are returned to the Program Director.

In consideration for Syracuse University allowing me to participate in a laboratory program on its campus, I (the Minor signing below) agree as follows:

1. I recognize that participation in the program may involve conducting activities in a laboratory environment and may involve some degree of risk of bodily injury and/or emotional harm, including death, and/or damage to property.
2. I acknowledge that I understand these risks, and I understand that not all risks are foreseeable and could be many and varied.
3. I further understand and acknowledge that participation is entirely optional, voluntary, and at my own risk.
4. In order to participate in the program, I am willing to assume these risks, known or unknown.
5. Therefore, by signing below, I am acknowledging that I assume and accept, and waive all claims and liability for, all risk of bodily injury, including death, emotional harm and damage to property which may arise out of my participation in the program. I further release and agree not to sue Syracuse University and its trustees, officers, employees, agents, contractors, and representatives for any bodily injury, including death, and damage to property which I may suffer as a result of my participation in the program, unless due to the negligent or wrongful acts or omissions of Syracuse University.
6. This Assumption of Risk, Waiver and Release is intended to be as broad and inclusive as is permitted by the laws of the State of New York, and if any portions of it is held invalid, the remaining terms shall continue in full force and effect.
7. I acknowledge that Syracuse University has offered and will make available to me at any time upon request training in the safe use and operation of the facilities, equipment and other materials I may use in connection with the program.

Nothing in this document shall require the Minor to release Syracuse University from or provide indemnification against the proportion of any liability for claims arising from the negligent acts or omissions of Syracuse University, its trustees, officers, or employees.

Student Printed Name:

Student Signature: Date:

Parent Printed Name:

Parent Signature: Date: