

RISK MANAGEMENT

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**Minors in Labs  
Consent and Release Form**

**Faculty Sponsor or Program Director to complete this section:**

Contact Person: \_\_\_\_\_

Department Name: \_\_\_\_\_

Building Name: \_\_\_\_\_

Laboratory/Room: \_\_\_\_\_

Date & Time of Laboratory Program: \_\_\_\_\_

Description of proposed activities and educational goals, including a list of chemicals and/or materials to be used by the student during the program: \_\_\_\_\_

Do the proposed activities involve any of the following?

Yes No Hazardous materials/activities (i.e. infectious or radioactive materials, hazardous chemical).  
(If yes, please specify): \_\_\_\_\_

Yes No Human subjects

Yes No Animal research

Person responsible for lab supervision: \_\_\_\_\_

Supervisory plan for lab activities: \_\_\_\_\_

**NOTE: Please include a description of the controls that will help to ensure the safety of the student (e.g., observation only, personal protective equipment, fume hood, biosafety cabinet).**

**Person supervising minors involved in URI lab activity:** \_\_\_\_\_

By checking this signing below, I certify that I be responsible for following all policies and procedures related to the student's participation in the proposed educational laboratory activities. I have received a copy of a signed parental consent form for each minor participating in the laboratory activity at the University of Rhode Island. I understand that I will keep this document on file for at least 1 year and will make it available for review upon request.

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

**MINORS PARENTAL CONSENT AND RELEASE OF LIABILITY**

The "Consent and Release" form is required as part of an application for \_\_\_\_\_ to participate in an educational program at the University of Rhode Island in a research laboratory in the Department of \_\_\_\_\_. Your child will work under the direct supervision of \_\_\_\_\_ in the \_\_\_\_\_ on \_\_\_\_\_.

Individual laboratories vary in the inherent types of potential hazards present. While participating in this educational program, your child may need to work with animals, biological materials or chemicals. As part of your child's participation in the Program, he or she will work with or perform the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

All educational plans for minors in laboratories are reviewed by both the URI Environmental Health & Safety and Risk Management to determine that the project is appropriate for a minor student and to ensure that appropriate safety precautions are in place and all training requirements are identified and completed before the lab activity begins.

URI provides safety training to all personnel who may work with or in the vicinity of potentially hazardous materials. Your child will be required to attend a laboratory safety training depending on the nature of the particular Outreach Program. If you have further questions, please contact the Risk Manager at 401-874-2591.

By signing this consent and release, I agree to the conditions outlined above. In addition, I further understand that the University of Rhode Island facilities are being made available to \_\_\_\_\_ as an educational opportunity and that he or she is not a student, regular employee or affiliate of the University of Rhode Island. I further understand that the University of Rhode Island laboratories may contain hazardous substances and equipment that my child may be subject to potential risks that could result in illnesses or injuries. My child and I understand these risks and assume them knowingly and willingly.

I agree, on behalf of my family, heirs and personal representatives, to assume all risks and responsibilities surrounding my child's use of and access to the University of Rhode Island's laboratories. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify URI, Board of Education and State of Rhode Island, their respective members, officers, employees and students from and against any claim, loss or liability for injury to person or property which my minor child may suffer or for which my minor child may be liable to any other person during his/her use of and access to the laboratories resulting from any cause, excluding only those claims, losses or liabilities caused by the gross negligence or willful misconduct of URI, its members, officers, employees and students. I further agree in case of emergency, URI may contact me and if I cannot be reached for any reason, I hereby authorize and give consent to URI and/or hospital, emergency facility or other health care professional to provide such necessary emergency medical treatment of any injury or illness suffered by my child.

Minor's Name (Print) \_\_\_\_\_  
High School Name \_\_\_\_\_  
Parent/Legal Guardian Name (Print) \_\_\_\_\_  
Parent / Legal Guardian (Signature) \_\_\_\_\_  
Emergency Contact Name & Number \_\_\_\_\_