

Consent For Minor to Tour a UTSA Laboratory

Either through a formal program or by serving as a volunteer, the “**Participant**” listed below, who is under the age of 18, has been offered the opportunity to participate in or to observe research or research-related activities within a UTSA Laboratory (the “**Lab Activities**”). Depending on the laboratory and the kind of research being undertaken in the laboratory, the **Lab Activities** may include a wide range of research activities or experiments and may pose a variety of risks to the **Participant**.

PARTICIPANT (MINOR’S) INFORMATION:

_____ Printed Name of Participant (Minor)		_____ Date of Birth	
_____ Street Address of Participant	_____ State	_____ Country	_____ Zip / Postal Code
_____ Printed Name of Participant’s (Minor’s) Parent or Legal Guardian			
_____ Street Address of Parent/Guardian (If different than that above)	_____ State	_____ Country	_____ Zip / Postal Code
_____ Parent/Guardian’s Daytime Phone		_____ Other Emergency Contact (Name & Phone Number)	

LABORATORY & PROGRAM INFORMATION:

_____ Name of Laboratory	_____ Laboratory Location (including Campus/Bldg/Room#)
_____ Name of Program (if any)	_____ Printed Name of Program Organizer (if any)
_____ Printed Name of UTSA Researcher in Charge of the Laboratory	_____ Printed Name of Participant’s Lab Monitor
_____ Email Address for Participant’s Lab Monitor	_____ Phone Number for Participant’s Lab Monitor
Brief, General Description of Lab Activities : _____ _____ _____	
_____ Beginning Date of Lab Activities	_____ Ending Date of Lab Activities

For the Review and Signature of the Participant:

- I understand and agree that before entering the laboratory, I will take any training deemed necessary by The Laboratory Safety Division (**LSD**) or my Lab Monitor.
I understand and agree to follow all rules, regulations and safety requirements (the “**Safety Rules**”) while at the University of Texas at San Antonio and its laboratories.
- I understand and agree that I may be removed from the laboratory or the program on a temporary or permanent basis if I refuse or fail to complete required training or I refuse or fail to follow the **Safety Rules**.
I understand and agree that the above-named program (if any) or my voluntary services may be suspended at any time for any reason at the discretion of The University of Texas at San Antonio and its officers, agents and employees.

Printed Name of **Participant**

Signature of **Participant**

Date

For the Review and Signature of the Participant’s Parent or Legal Guardian:

I understand and hereby consent and agree as follows:

- I am the Parent/Guardian of the above-named **Participant**, who is under eighteen years of age. I am fully competent to sign this agreement. I understand the **Participant** is receiving a valuable learning opportunity by being allowed to participate in the **Lab Activities**;
- Some areas of the UTSA campus are potentially hazardous environments. Even when all materials are properly used and all of the rules, regulations and safety requirements (the “**Safety Rules**”) are adhered to, a risk of personal injury still exists. **Participant’s** failure to adhere to the **Safety Rules** may result in even greater risk;
- UTSA will provide the **Participant** training on how to identify hazards and work with materials and equipment safely;
- The **Participant** may be removed from the laboratory or the program on a temporary or permanent basis if he/she refuses or fails to complete required training or he/she refuses or fails to follow the **Safety Rules**; and
- The above-named program (if any) or **Participant’s** voluntary services may be suspended at any time for any reason at the discretion of The University of Texas at San Antonio and its officers, agents and employees.

I also hereby take or promise to take the following actions:

- I certify that **Participant** is able to safely participate in **Lab Activities**;
- I will contact the **Participant’s Lab Monitor** listed above if I have any questions or specific concerns pertaining to the **Lab Activities** or to the laboratory in which the **Participant** has been placed. I understand that I may contact UTSA’s **Laboratory Safety Division** at (210) 458-8515 if I have any questions pertaining to general safety procedures, hazardous materials or safety training.
- If **Participant** should require emergency care while on UTSA premises or participating in **Lab Activities**, I hereby give UTSA (including its faculty and staff members, agents, or service providers) permission to call 911 or to provide such other emergency care and treatment to the **Participant** as UTSA, in its sole judgment, deems necessary or advisable. I will pay for any and all costs associated with such a 911 call or such emergency care and treatment; and
- Without limiting the release and indemnity provision below, I accept (a) all risk to **Participant’s** health, including any injury or death, that may result from **Participant’s** participation in **Lab Activities** and (b) all responsibility for injuries to persons or for damages to property that result from **Participant’s** negligent or intentional acts or omissions while on the UTSA campus or while participating in **Lab Activities**.

Finally, in consideration of the Participant’s opportunity to participate in Lab Activities, I hereby INDEMNIFY, RELEASE, AND HOLD HARMLESS UTSA, its governing board, officers, representatives, employees and agents from and against any and all losses, liabilities, claims, suits and damages relating to or arising out of Participant’s participation in Lab Activities, WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

A copy of the completed and fully signed form should be provided to UTSA’s Laboratory Safety Division