

Utah Water Research Laboratory (UWRL) Minors Registration Form

(Minors and sponsors/supervisors fill this out together)

Note: Computer generated or typed forms only—hand-written forms are not accepted!

Return this form to the UWRL Director for approval BEFORE you begin hands-on work at the UWRL Research facility.

Student/Minor Name: _____

Date of birth: _____ **School:** _____

Faculty Sponsor Name: _____

E-mail: _____ Phone: _____

Supervisor's name and title if different from above: _____

Room(s) where work will be done: _____

Is this request for (check one)?

Science Fair project Volunteering USU Student Internship Other (explain)

Project Title (if applicable):

Brief Project Summary (Describe what you'll be doing, attach separate sheet if necessary):

Materials and Equipment to be Used (Check and List all that apply):

Chemicals	Biological Material	Equipment
<input type="checkbox"/> Flammable	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Fume Hood
<input type="checkbox"/> Reactive	<input type="checkbox"/> Fungi	<input type="checkbox"/> Biosafety Cabinet
<input type="checkbox"/> Carcinogenic	<input type="checkbox"/> Insects	<input type="checkbox"/> Laminar Clean Bench
<input type="checkbox"/> Toxic	<input type="checkbox"/> Plants	<input type="checkbox"/> Autoclave
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Animals	<input type="checkbox"/> Centrifuge
<input type="checkbox"/> Oxidizer		<input type="checkbox"/> Analytical Instruments
<input type="checkbox"/> Cryogen		<input type="checkbox"/> Industrial Machinery
<input type="checkbox"/> Pharmaceuticals		<input type="checkbox"/> Noise Producing Equipment
<input type="checkbox"/> Compressed Gases		<input type="checkbox"/> Other Equipment
<input type="checkbox"/> Radioactive		

I AGREE TO SPONSOR _____ (MINOR'S NAME), AND BY MY SIGNATURE BELOW, AGREE THAT:

- I have read, understand, and will adhere to the UWRL "Guidelines for Minors in UWRL Research Facilities.
- I verify that _____ (MINOR'S NAME) has completed the Hazard Specific Safety Training needed to safely conduct the work described in the Project Summary. The training was conducted by: _____ on _____ (date).
- Personal protective equipment appropriate for the hazards outlined in the Project Summary will be provided.
- This individual will be supervised at all times while in the laboratory and never left alone.
- The UWRL facility is in full compliance with all applicable Utah State University safety programs and regulations.

Name of Faculty of Sponsor or Staff

Parents or Legal Guardian

Signature

Date

I have read, understand, and will adhere to policy outlined in the "Guidelines for Minors in UWRL Research Facilities"

Name of Minor

Signature

Date

Environmental Health and Safety (EH&S) Approval: _____ Date: _____

Return this form AND WAIVER OF LIABILITY WITH THE PARENT'S SIGNATURE to:
Utah Water Research Laboratory, 8200 Old Main Hill, Logan, UT 84322-8200 or fax: (435) 797-3663, e-mail: uwrl.receptionist@usu.edu, phone (435) 797-3155.

Participant's name: _____ (Please Print)

Utah State University, Utah Water Research Laboratory

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in:

Description of Class or Activity including date(s)

Hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of Utah State University, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of Utah State University, its officers, employees, and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guarding of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, hearty attacks, and concussions, to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of Utah State University HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as it permitted by the law of the State of Utah and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waver of liability, assumption or risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.**

Signature of Parent/Guardian of Minor Date
Participant's Age (if minor) _____

Signature of Participant Date