

North Carolina State University
Minors Involved in Field, Laboratory, or Teaching Activities Involving Hazardous
Substances, Equipment, or Conditions
Parent/Guardian Release of Liability and Waiver Claim

I understand that:

(print name of minor)

(Date of Birth)

- is participating in a laboratory or field program at North Carolina State University and will study or learn in areas where hazardous substances (chemicals/biological, etc.) or physical hazards (very hot or cold temperatures, laser light, electromagnetic frequencies, etc.) are present.
- As a parent/guardian, I understand the roles and limitations of the activities that this minor will be performing.
- As the parent/guardian, I understand, that this minor is participating in a North Carolina State University field or laboratory activity where they may be exposed to or receive an injury from the hazardous materials or hazardous operations that occur in a laboratory or field setting. Injuries to minors employed by the University will be handled through the Workers Compensation Program. The parent/legal guardian of minors not employed by the University will be responsible for all costs associated with an exposure or injury while working in the University setting. North Carolina State University is in no way responsible for these expenses.

All participants, including employees, students, volunteers, and visitors, will be informed of the hazards associated with their project(s), and will be trained in safe laboratory or fieldwork practices. Protective equipment or other safety measures, e.g. completion of a Vertebrate Animal Contact Form if working with animals, will be obtained.

The responsible principal investigator, Doug Vernon,
(print the name of the responsible principal investigator)

familiar with the project area, will supervise the participant and may be contacted at

704-250-5473 if you have questions.
(print the office or other contact number)

I, _____, as parent/legal guardian of the minor named
(print parent/guardian name)

above, hereby give my consent for him/her to participate in a laboratory program at North Carolina State University.

I also understand that my son's or daughter's activities may involve risks as to personal injury or property damage. As the undersigned parent or legal guardian, I hereby release the State of North Carolina, North Carolina State University, its trustees, officers, employees, and agents from any liability for personal injuries or property damage sustained by my son or daughter arising from his/her participation in this activity.

Signed: _____ Date: _____
(parent/legal guardian)

Plants for Human Health

I N S T I T U T E

Photo Release Form

We are looking forward to hosting your child for the Scientist for a Day program. We will be taking photos for our program's use to record the day's activities and share with the community. Please complete this permission slip and return prior to the field trip.

Permission to Use Photographs

Subject: Scientists for a Day

Location: NC Research Campus

I _____ (*Parent/Guardian*) grant to NC State University, Plants for Human Health Institute, the right to take photographs of _____ (*Student*) in connection with the Scientists for a Day event. I authorize NC State University, Plants for Human Health Institute, to copyright, use and publish the photographs in print and/or electronically, with or without his/her name for any lawful purpose, including, for example, publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____ (*Parent/Guardian*)

Printed name _____ Date _____