

Arizona State University West Campus
Assumption of Risk and Release of Liability

Caution: This is a release of legal rights. Read and understand it before signing.

I (print your name) _____, freely choose to participate in the Biology Laboratory Course **BIO354** (henceforth referred to as the Program).

In consideration of my voluntary participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF PROGRAM:

- Exposure to possible chemical burns
- Inhalation of chemicals
- Exposure to flammable materials
- Fire danger
- Exposure to heavy metals
- Exposure to toxic organic and other hazardous substances

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs (to include pregnancy especially in the first trimester). I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I acknowledge that I have read and agree to abide by the safety rules and advisories outlined in my laboratory manual and accompany safety film. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements or inducements, oral or written, apart from the foregoing written statement have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Signature of Parent of Legal Guardian
(if student is a minor)

Date

Date