

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 Laboratory Course CHM113 (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, if applicable, especially in the first trimester). I hereby state that there are no health-related reasons or problems that preclude or restrict my participation in this Program; furthermore, I have obtained the required immunizations, if any.

I recognize that ASU is not obligated to attend to any of my medical or medication needs, and I, hereby, assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment. ASU 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 ASU from any liability for any such claims or actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: I am aware that participation can be dangerous and involves Risk of Injury; such as, but not limited to, injury to leg, arm, back, neck, rib, nose; head injury; brain damage; respiratory distress and/or damage; circulatory damage; hearing and/or sight damage and/or loss; and in consideration of being permitted to participate in the Program, I agree to release, indemnify, hold harmless and defend ASU and their officials, officers, employees, agents, and volunteers from and against any claim which I, 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 declare that by my signature below that I have read the terms and conditions as set forth herein 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 accompanying 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 statements 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.

Printed Name

Signature

Date