

University of Chicago's Visitors Agreement

All educational experiences for Visitors in laboratories or activities in other potentially hazardous environments are reviewed by the University of Chicago Office of Environmental Health & Safety and the Office of Research Safety to determine if the assignment is appropriate for a Visitor, that appropriate safety precautions are in place, and all training requirements are identified and completed before the educational activities begin.

The University of Chicago provides safety training to all personnel who may work with or be in the vicinity of potentially hazardous materials. Your child will be required to attend laboratory safety training, and may also be required to attend additional training sessions, depending on the nature of his or her particular assignment. If you have further questions on these topics, please contact the supervisor, the department administrator or the HR Partner with any questions.

Assumption of Risk and Release of Liability

This document is a legal agreement between you, for yourself or your minor child, and University of Chicago, on behalf of itself, its subsidiaries, affiliates (including but not limited to the University of Chicago Medical Center), and all of their collective past and present trustees, directors, offices, employees and agents ("the University").

I, _____ (name), acknowledge that I freely and voluntarily agreed to allow, _____ ("Self" or "minor participant's name") to participate in _____ ("Program"), an opportunity hosted by the University. In exchange for the opportunity to participate in the Program, I agree, on behalf of myself or my Minor, to the following:

1. General Waiver and Release of Liability

I understand that participation in the Program may involve risks of injury including death. Unless caused by the sole negligence of the University, I hereby release, waive and discharge the University from any and all liability, claim, damages and losses of property experienced arising out of or in connection with the Program, including, without limitation, any personal injury or death.

2. Medical Certification and Treatment

I certify that the participant does not have any medical condition, allergy or other special dietary need that might subject him or her to injury as a result of participation in the Program. I understand that the University does not provide health insurance to the participant. I therefore certify that I, or my insurance, will be responsible for the costs of medical services that might be necessary due to accidents, illnesses or injuries experienced while participating in the Program.

3. Assumption of Risk

I recognize that there may be unavoidable and unforeseeable risks involved in participation of any program, including personal injury or death. I further agree that participation in any activity will be at my or his/her own discretion and judgment. I recognize that participation involves activities in a working research laboratory. I voluntarily assume the risk of injury or harm to the participant's property during his/her participation in this Program. I understand that the University is not responsible for the acts or omissions of any third party.

4. Knowledge of Risks

I accept responsibility for informing myself of the potential risks associated with the activities involved in the Program.

It is my express intent that this Acceptance of Risk Agreement shall bind me or my Minor and other members of my family, my heirs and assigns. I agree that this agreement shall be construed in accordance with the laws of the State of Illinois. I have read, fully understand and agree to all of the foregoing.

Participant, or Parent/Guardian (Please print): _____

Signature _____ **Date** _____