

MINORS/ VOLUNTEERS/ VISITORS LABORATORY USE AGREEMENT AND WAIVER OF LIABILITY
IF AT LEAST 18 YEARS OLD, PLEASE COMPLETE THIS SECTION.

NAME: _____ SEM/YR of ACTIVITY: _____

ACTIVITY DESCRIPTION: _____

In consideration for being granted opportunity to participate in the Activity described above, arranged in part by The University of Akron, I, for myself, my administrators, executors, heirs and assigns, release and forever discharge The University of Akron, its Board of Trustees, officers, employees and agents from and against any and all claims for loss, damage, injury or cost, and any action whatsoever, including but not limited to those based on negligence, which may arise out of my participation in this activity. I understand that this means, among other things, that I voluntarily assume any and all risk of accident or personal injury or damage or loss to my person or property in connection with my participation in the above-referenced Activity and that I am giving up my right to sue The University of Akron for any such loss, damage, injury or cost that I may incur.

If I have had questions about the Activity's content, nature, or hazards, I have contacted the Activity's coordinator and/or instructor and have discussed those questions to my satisfaction. I understand that my participation in this Activity is voluntary and is not required to obtain a degree from The University of Akron. I further understand that my participation in this Activity may require travel by automobile or otherwise to locations off the campus of The University of Akron and that the Activity involves exposure to risk of damage to property, personal injury or death. I understand that the University has made no commitment to make laboratory/office facilities available for any specific time period and I will leave and remove my personal property when asked to do so.

I certify that I do/do not (circle one) have personal health and accident insurance. My insurer is: _____ . I understand that The University of Akron does not provide insurance coverage to me for any personal injuries related to, or arising from this Activity and that I am solely responsible for any and all costs associated with treatment or care, including but not limited to long-term care, that result from any injuries that I might incur as a result of this Activity. The University may seek to recover, and I agree to pay, the costs to replace or repair any equipment or other University property I damage while using the facilities, and I otherwise agree to be personally responsible for my own acts. I give consent for any emergency medical treatment that I might require. In case of emergency, please contact: _____ (include telephone number).

I have read and understand the rules and guidelines for the Activity, as provided and explained to me. I understand that if I violate these rules and guidelines or other applicable University rules while participating in the Activity, The University of Akron may terminate my participation in the Activity.

I, the undersigned, am at least eighteen (18) years of age and am competent to sign this release. I have read carefully and understand and agree to the terms and conditions of this release.

Signature: _____ Print Name: _____

Address: _____

Phone Number: _____ Date: _____

**MINORS/ VOLUNTEERS/ VISITORS LABORATORY USE AGREEMENT AND WAIVER OF LIABILITY
IF UNDER 18 YEARS OF AGE, PLEASE COMPLETE THIS SECTION.**

I voluntarily desire to have my child participate in _____ offered at The University of Akron (University) on _____. As part of the activity, I understand that my child may participate in any combination of activities, including: _____

I acknowledge and understand that my child's participation in the above-referenced activity may expose my child to certain risks and personal injuries, as well as damage or destruction to my child's personal property. I, on behalf of me and my child, voluntarily assume any and all risk of accident or personal injury or damage or loss to me or my child's person or property in connection with my child's participation in the above-referenced course.

In consideration for my child being allowed to participate in said activity, I, for my child, myself, and for my and my child's executors, administrators, heirs and assigns, release and forever discharge The University of Akron and its Board of Trustees, its administrators, officers, instructors, agents, and employees (collectively the "University") from any and all claims for loss, damage injury or cost and any action whatsoever, including but not limited to those based on negligence, that I might have myself or could bring on my child's behalf, and which arise in any manner out of my child's participation in this activity. I understand that this Release means, among other things, that I am giving up my right and my child's right to sue The University of Akron and its Board of Trustees, its administrators, officers, employees, agents and students for any such loss, damage, injury or cost that I or my child may incur.

I hereby consent to the reasonable discretion of The University of Akron employees, students, or volunteers supervising and operating the above-referenced activity and further authorize the administration or emergency first aid care and treatment for my child, the administration to my child of any treatment deemed necessary by a licensed physician or dentist, and the transfer of my child to any hospital, clinic or other facility reasonably accessible. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment. I further agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless from any claims arising from the same.

I agree that this release binds me and my child's heirs, administrators, executors and/or assignees.

NOTICE: Volunteers/Visitors under eighteen (18) years of age must have this document signed by their parent or guardian prior to participation. **I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE, THAT I AM OF LEGAL AGE AND THAT I HAVE THE AUTHORITY TO SIGN THIS DOCUMENT.**

Signature: _____ Print Name: _____

Address: _____

Phone Number: _____ Date: _____

Work Phone _____ Emergency Phone _____

Print Student's Name _____ Student's Age _____