


<p>Carnegie Mellon University Environmental Health & Safety FIRE LAB WORK</p> 	<p>Environmental Health and Safety Minors in Laboratory, Shop, Research, Teaching and Other Program – Guideline</p>
<p>Date of Update: March 2019</p>	<p>Revision Date:</p>
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Consent and Release for Minor’s Presence in Laboratory, Teaching, Research and other Programs

Instructions: This form must be completed for each minor working in a Carnegie Mellon hazardous area (Hazardous area means laboratories, shops, studios or other areas where hazardous materials, equipment or conditions are present). After completion, please submit this form to the program supervisor for processing.

Participant Name _____

Short Description of the Program (list program activities, hazardous material/equipment and Personal Protective Equipment if applicable):

I understand that my child has been offered the opportunity to participate in a laboratory or other Program at Carnegie Mellon University for the period from _____ to _____.

Hazardous Materials, Equipment or Conditions. I understand and acknowledge that my son/daughter is participating in a program that may involve hazardous materials, equipment and conditions. Even under ideal conditions, including the proper use of materials and adherence to safety precautions, a risk of personal injury exists. The minor participant will receive training concerning how to identify hazards and how to work safely with materials and equipment and will be supervised in the handling of instruments and materials that may pose a risk. I understand that my son/daughter is expected to comply with the rules below and any other rules and safety procedures of which they have been informed and to behave safely and responsibly at all times and that his/her participation in the program may be terminated if his/her safety or the safety of others becomes a concern.

Rules About Hazardous Materials, Equipment and Conditions.

- Never work alone. You must have direct immediate adult supervision by your PI, instructor, supervisor or their designee.
- Complete and follow safety training specific to the hazards in the laboratory or other hazardous area.
- Always follow the instruction of your PI, instructor, supervisor or their designee.

- Report any accidents or incidents immediately to your PI, instructor, supervisor or their designee.
- Always wear the personal protective equipment (PPE) provided to you as directed and dispose of it properly.
- Always wash your hands with soap and water prior to leaving any laboratory area.
- Never eat, drink, chew gum, apply lip balm or touch contact lenses while in a laboratory or other hazardous area.
- Tie back long hair securely.
- Wear closed-toe shoes.
- Ask questions if you don't understand something, especially safety requirements.

Medical Treatment Authorization. If my minor son/daughter requires emergency medical treatment, in CMU's sole discretion, while participating in the Program, I authorize CMU to secure such treatment and I agree to be financially responsible for any resulting bills.

Release of Liability and Promise Not to Sue. In consideration of the opportunity for my son/daughter participate in the program, I hereby, on behalf of myself and my son/daughter and those acting on our behalf, irrevocably and unconditionally release, waive, and promise not to sue CMU and/or anyone acting on behalf of CMU, from and for any and all liability for injuries, damages, claims, demands, actions and causes of action, arising from or connected with my son/daughter's participation in the program and/or program activities, including transportation related to the program and the securing of or failure to secure medical treatment.

The laws of Pennsylvania shall apply to this document. If any of its provisions are declared illegal, unenforceable, or ineffective, they shall be deemed severable, and all other provisions shall remain valid and binding. I am the parent/guardian of the minor named above. I am signing this document voluntarily, having read and understood it and intending to be legally bound by it.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Parent/Guardian

Photo/AV Permission. I give permission for CMU (or someone acting on CMU's behalf) to take photos and/or make audiovisual recordings of my son/daughter in connection with the program activities and to use the resulting recordings for educational and promotional purposes in print publications and on the Internet. In addition, because the program activities depend, in part, on third parties for organization and funding. I give permission for CMU to share photos and/or audiovisual recordings and other information about my son/daughter to the extent necessary to comply with the third parties' funding or other requirements.

Parent/Guardian Signature

Date