

**UNIVERSITY OF MARYLAND BIOTECHNOLOGY INSTITUTE
PARENTAL CONSENT STATEMENT**

I, the undersigned Parent/Guardian of ("the minor"), _____
Print Name of the Minor

Date of Birth: _____ Social Security Number: _____

Address: _____ City, State, Zip Code _____

understand and hereby consent and agree as follows:

The minor has been offered the opportunity to work at the University of Maryland Biotechnology Institute under the supervision of:

Unit or Center: _____ Supervisor Name: _____

I understand that laboratories are potentially hazardous environments involving the use of scientific instruments, chemicals, radioactive materials and biological materials. Even under ideal laboratory conditions, proper use of these materials results in risk of personal injury, and improper use of these materials involves even greater risk. I understand that laboratory personnel have the right to exclude the minor from activities believed to be inherently dangerous or inappropriate for the experience level of the minor. Also, I understand and agree that the minor may be removed from the laboratory on a temporary or permanent basis due to failure or inability to follow laboratory rules and perform laboratory work as directed. My child will receive appropriate training on how to identify these hazards and work with them safely. My child will be supervised in handling of such instrumentation and materials.

I grant my permission to the University of Maryland Biotechnology Institute, members of its faculty, agents, servants, and employees to provide such emergency care and treatment to the minor, as in their judgment may be deemed necessary or advisable in the event that the minor should require emergency care while acting in the course of his/her work at the University. I assume the cost of such emergency care and treatment, if any.

In consideration of the minor's opportunity to participate in the laboratory program, I hereby indemnify, release, and hold harmless the State of Maryland, the University of Maryland Biotechnology Institute, and the faculty, employees and agents of the University of Maryland Biotechnology Institute from any and all claims, liabilities, suits, and damages relating to or arising from the minor's experience at University of Maryland Biotechnology Institute, saving and excepting only claims allowed by the Maryland state tort claims act or other applicable statute permitting claims against the state of Maryland.

PARENT/GUARDIAN: (Print Name) _____

PARENT/GUARDIAN Signature and Date _____

Address _____

City, State, Zip Code _____

WITNESS: (Printed Name) _____

WITNESS Signature and Date _____

Address _____

City, State, Zip Code _____