**AUTHORIZATION, ACKNOWLEDGMENT AND ASSUMPTION OF RISK, AND AGREEMENT TO RELEASE AND INDEMNIFY WESTERN MICHIGAN UNIVERSITY**

 Your child and [school] have asked Western Michigan University (WMU) to allow your child to participate in a learning experience in [name and location of lab] at WMU. You must agree to the below conditions for participation in the laboratory experience, and you must fully complete this form prior to your child participating in the **[**name the experience**]** laboratory experience at WMU.

 In consideration for WMU allowing my child to participate in this laboratory experience at WMU, I understand and agree to the following:

1. Working in a university science laboratory involves risks. Although a faculty member or other employee will be assisting my child in this learning experience, WMU is not responsible for full and complete safety instruction for all circumstances or dangers that could arise.
2. I have been given the opportunity to visit the laboratory so that I may see the conditions and risks involved and ask any questions I may have of WMU.
3. I will ensure that my child has transportation to and from WMU’s campus and will complete and provide to WMU the attached drop-off form detailing the transportation plans.
4. WMU may revoke permission for my child to work in a WMU laboratory at any time, with or without notice, with or without cause.
5. I, on behalf of myself/ourselves and my/our child, assume all risks associated with my child’s participation in this learning experience.
6. I will pay for any costs and expenses WMU incurs, for any and all injuries, damages, losses, and claims to my child and to WMU property that may arise from my child participating in this laboratory experience at WMU.
7. WMU and its employees may obtain emergency medical treatment for my child if necessary. WMU will attempt to contact me at the number(s) listed below prior to providing or obtaining such treatment; however, if a WMU designee or emergency medical provider, in their informed opinion, believes such treatment is immediately necessary, I consent to the provision of emergency medical treatment if I cannot be reached. I will be fully responsible for any medical costs WMU incurs in obtaining or providing such treatment.

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| Student’s Full Name: |
| Address: |  |
|  | Primary Care Physician: |
| City: State: Zip: | Physician Address: |
| Phone: | Physician Phone: |
| Name(s) of Parent(s)/ Guardian(s) having legal custody of Student: |
| Phone number(s) and email/text information where parent(s) can be contacted in case of an emergency: |
| List any medical problems, allergies, or other relevant information that we should be aware of in case medical treatment is sought |

1. I fully release Western Michigan University, its Board of Trustees, officers, employees, directors, staff, faculty, volunteers, and students (individually and collectively “Released Parties”) from any and all liability that may result from participation in the laboratory experience.
2. I will defend, indemnify, and save and hold harmless the Released Parties from any and all suits, claims, damages, costs, or expenses that may arise out of or result from from my child’s participation in this laboratory experience at WMU.

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| Student Signature | Custodial Parent/Guardian Signature |
| Date:  | Date:  |