

**UNIVERSITY OF ARKANSAS AT LITTLE ROCK
MINORS REGISTRATION FORM
FOR ACTIVITIES IN UNIVERSITY LABORATORIES**

FORM MUST BE TYPED

Name of Student/Minor: _____

School/Home Address: _____

Dates student/minor will be working in University Laboratories: _____

Project Title (if applicable): _____

Name of Responsible Principal Investigator: _____

Department: _____ Phone/Email: _____

ACTIVITY: Describe specific activities the student/minor will be performing and any associated risks. Include a list of chemicals, equipment, agents, safety precautions, personal protective equipment, etc. that the student will be using.

If additional space is needed, please attach a separate sheet

I agree to sponsor the minor/student identified above and by my signature below agree that:

- *I have read, understand, and will adhere to the UALR policy on “Minors in University Laboratories”.*
- *I have reviewed with the minor the hazards involved with working in this laboratory and the procedures to be followed.*
- *I have confirmed that personal protective equipment appropriate for, and specific to, laboratory hazards will be provided.*
- *This individual will be supervised at all times while in the laboratory and never left alone.*
- *Hours of work will comply with federal and state regulations.*
- *The laboratory, in which the minor will be working, complies with all applicable UALR safety programs and regulations.*

Print Name: _____ Date: _____

Signature: _____

EHSC Use Only

Approved _____ Not Approved _____

Comments:

Minor/Student

- I have read, been told, and agree to follow the safety policies of the University of Arkansas at Little Rock and those specific to the research laboratory in which I am working, which also may include outdoor field activities.
- I also acknowledge and agree that there are risks involved with the activities as described above.
- I agree to complete safety/hazard or other required training provided by UALR within one week of arrival at the Institution.
- I choose to voluntarily participate in this activity with full knowledge that the activity described above may be hazardous to me.
- I certify that I have adequate health insurance or my parent/guardian has insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my activities in this laboratory curriculum.
- I hereby release the University of Arkansas at Little Rock and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my activities in this laboratory.

I HAVE CAREFULLY READ THIS DOCUMENT AND HAVE HAD SUFFICIENT TIME TO ASK QUESTIONS AND BE GIVEN ANSWERS. I SIGN THIS DOCUMENT VOLUNTARILY.

Name of Minor: _____ Date: _____

Signature: _____

Parent/Guardian

I, _____ am the parent or legal guardian of
(PRINT NAME)
the participant who has signed above.

- I have read and understand what my child will be doing and the risks involved.
- I agree that my child's participating may be suspended at any time, at the discretion of the University of Arkansas at Little Rock and its officers, agents and employees, if the safety of my child or others becomes a concern.
- I have read and I understand this information and I consent to my child taking part in the laboratory activities described above, and I fully enter into and agree to the above Assumption of Risk and Release from Liability.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date: _____

Phone/Email: _____