



**UNIVERSITY OF MINNESOTA**  
**PARTICIPATION AGREEMENT, LAB USE ASSUMPTION OF RISK AND**  
**RELEASE OF LIABILITY**  
**FOR VOLUNTEERS AND VISITORS (MINORS)**

The undersigned parent and/or legal guardian (“**Guardian**”) of the undersigned minor participant (“**Minor Participant**”), hereby grants permission for Minor Participant to register for, and participate in, University of Minnesota’s (“**University**”) Health Career Center’s **2016-2017 Scrubs, Gloves & Microscopes Program (“Program”)**. Guardian and Minor Participant understand that Minor Participant will participate in activities in University laboratories, classrooms, and/or offices (“**University Facilities**”) in connection with the Program.

1. Health Insurance Coverage. Because Minor Participant is not a University student or employee, Guardian understands that Minor Participant will not be covered by any University health and/or accident insurance while visiting University Facilities during the 2016-2017 Program year. Guardian hereby certifies that Minor Participant has personal health and/or accident insurance coverage that will cover any personal injury that Minor Participant may sustain while using University Facilities, regardless of cause. Guardian agrees to provide University with proof of such insurance coverage upon its request.

2. Risks. Minor Participant agrees to review applicable laboratory safety plans provided by University prior to participating in any laboratory activity and to follow all rules and directions provided by University personnel regarding the Program. Guardian and Minor Participant understand, appreciate, and acknowledge that participation in the Program, including use of University Facilities and equipment, could result in risks of harm, including the potential for serious injury, disability, death or property loss or damage (“**Risks**”).

3. Release. Guardian and Minor Participant hereby voluntarily assume responsibility for encountering all Risks, known or unknown, which Minor Participant may incur due to negligence or accidental occurrences while Minor Participant is participating in the Program. Guardian and Minor Participant agree that if Minor Participant is personally injured or suffers any loss of or damage to personal property, neither Guardian nor Minor Participant will attempt to claim coverage under any University insurance policy. Further, in consideration of the opportunity for Minor Participant to participate in the Program, Guardian, on behalf of myself, Minor Participant, my agents, heirs and next of kin, hereby releases the Regents of the University of Minnesota and its employees and agents and other volunteers from any responsibility or liability for personal injury, including death, and damage to, or loss of, personal property, that Minor Participant may incur due to negligence or accidental occurrences while Minor Participant is participating in the Program. The foregoing shall not apply to injuries, death, damage, or loss that was caused by the intentional, willful, or wanton acts of the University.

4. Damage to University Equipment. The University may seek to recover, and Guardian agrees to pay, the costs to replace or repair any equipment or other University property Minor Participant willfully damages while participating in the Program.

5. Emergency Medical Care. In the event of an accident or sudden illness that occurs during Minor Participant’s participation in the Program, Guardian agrees that University staff may render first aid and/or

obtain emergency medical care that University deems necessary. Guardian assumes full financial responsibility for the costs of any such care. In the event of any such emergency, University will notify Guardian as soon as possible after such event.

6. Photo Release. Guardian and Minor Participant grant University full permission to use images, recordings or any other record of Minor Participant while participating in the Program in any medium. Guardian and Minor Participant agree that Minor Participant's name and identity may be revealed therein or by descriptive text or commentary.

7. General. Minor Participant will comply with stated and customary rules for participation in the Program. If Minor Participant observes any unusual or significant hazard, Minor Participant will remove her/himself from participation and bring the hazard to the attention of the nearest University official immediately. Program staff may terminate Minor Participant's participation in the Program due to inappropriate conduct. The registration fee for the Program is non-refundable and non-transferable.

**GUARDIAN AND MINOR PARTICIPANT HAVE READ THIS LEGALLY BINDING DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT SUBSTANTIAL RIGHTS HAVE BEEN GIVEN UP BY SIGNING THIS DOCUMENT, AND AGREE TO BE BOUND BY IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. A PHOTOCOPY, FACSIMILE OR ELECTRONICALLY SCANNED AND EMAILED DOCUMENT WILL BE AS VALID AS AN ORIGINALLY SIGNED DOCUMENT.**

**GUARDIAN:**

**MINOR PARTICIPANT:**

\_\_\_\_\_  
(Signature)  
Name (Printed): \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
(Signature)  
Name (Printed): \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**SGM Session(s) student is registered for:**

**SGM Program registration is not complete until this signed form is received by the registration office.**

*Please return the signed form via email, fax or U.S. mail to:*

SGM Registration  
Fax: 612-625-4008  
U of M Tickets and Events  
Email: [umntix@umn.edu](mailto:umntix@umn.edu)  
Room 013 Northrop, 84 Church St SE  
Minneapolis, MN 55455

FORM: OGC-SC105  
Form Date: 06.14.02  
Revision Date: 02.14.13  
AHC Legal: 0902.15

<b><i>UMN Tix Internal Use Only</i></b>	
Customer Number:	_____
Order Number:	_____
Notes:	