

**VISITORS AND NON-UNIVERSITY PERSONNEL
REQUEST FOR WAIVER OF PARTICIPATION IN UNIVERSITY OF MINNESOTA
RESEARCH OCCUPATIONAL HEALTH PROGRAM**

I wish to be present in University of Minnesota (University) facilities for the purpose of observing or conducting animal research or education activities that have been approved by the University's Institutional Animal Care and Use Committee (IACUC). This activity will not involve work with non-human primates, work in a BSL-3 research facility, or other high risk activity as determined by the University's Office of Occupational Health and Safety.

I understand that I may participate in the University's Research Occupational Health Program (ROHP), which entails completing a medical questionnaire, and if needed, obtaining vaccinations, using personal protective equipment and/or avoiding exposure to designated animals, activities or substances.

I further understand that, as someone who is not a University employee or student, I may waive participation in the University ROHP by completing this form. If my visit is longer than 5 days and I wish to waive participation in ROHP, I understand that I also must certify that I am enrolled in a comparable occupational health care program associated with animal care and use at my home institution.

I acknowledge that by observing or working with animals during my visit to the University of Minnesota, I may be exposed to certain health risks that could damage my health. These risks include but are not limited to: exposure to infectious and biological agents, recombinant DNA, nanoparticles, chemical agents, radiation, allergens, possible animal bites, scratches, needlesticks or other injuries. Exposure to such agents may cause eye irritation, cough, sore throat, shortness of breath, fever, rash, gastrointestinal, neurologic symptoms and other infections or diseases.

I understand that further information about occupational health risks is available at my request by contacting the University's Office of Occupational Health and Safety at 612-626-5008 or uohs@umn.edu.

RELEASE

I acknowledge the risks associated with observing or conducting animal research or education activities in University facilities and I choose to engage in these activities while at the same time waiving participation in the University's Research Occupational Health Program. I release the University and its officers, employees, agents and representatives (hereafter "the University") from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur while observing or conducting animal research or education activities in University facilities. This release applies even if my injury or loss arises from negligence by the University. It does not apply to injury or loss caused by recklessness or intentional misconduct of the University.

Participant Name (*please print*)

UMN Principal Investigator or Host

Purpose of Visit/Activity

UMN Principal Investigator or Hosts Signature

Date(s)/Duration of Visit/Activity

Protocol Number (*if applicable*)

Institutional/Company Affiliation

Date: _____

Occ. Health Prog. where you are enrolled
(*Required if visit is longer than 5 days*)

By: _____
(*Participant Signature*)

Participant Address: _____

E-mail address: _____

Phone Number: _____

Date: _____

NOTICE FOR VISITORS AND NON-UNIVERSITY PERSONNEL WHO ARE MINORS

Participants under 18 years of age must have this agreement co-signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the University and its officers, employees, agents and representatives (hereafter "the University") from any and all liabilities incident to my minor child's involvement as a Participant, EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, but not from recklessness or intentional misconduct of the University.

Parent/Guardian

By: _____

Address: _____

Phone Number: _____

Date: _____

Return signed waiver to OHS, 410 Children's Rehab Building, 426 Church St. S.E., Minneapolis, MN, 55455. Waiver be may delivered in person to the above address; sent as a scanned copy to uohs@umn.edu; faxed to 612-626-9643; or sent via campus mail to: Office of Occupational Health and Safety, 420 Delaware St. S.E., Minneapolis, MN 55455, campus mail code: MMC501