



# DEPARTMENT OF BIOLOGY

INDIANA UNIVERSITY

College of Arts and Sciences  
Bloomington

STUDENT, VOLUNTEER OR VISITING SCHOLAR

## VOLUNTARY ASSOCIATION WITH INDIANA UNIVERSITY DEPARTMENT OF BIOLOGY RESEARCHER & ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

I, \_\_\_\_\_, am **voluntarily** choosing to participate in research in the laboratory or field in association with biological research being conducted by researchers associated with Indiana University. I understand such participation entails inherent risks that may be related to automobile use, delayed access to medical care, environmental risks similar to those encountered while backpacking or hiking, and other events impossible to predict. I assume responsibility for my own safety while participating in laboratory or field research and have considered any special medical conditions which may put me at greater risk of harm or which may require immediate medical care, and I have decided to accept these risks. I will not assert a claim against the Trustees of Indiana University, its employees, officers, or agents for injury to my person or property resulting from my participation in laboratory or field work, unless such injury was caused by the gross negligence, recklessness, or willful misconduct of officers or researchers associated with Indiana University.

I, \_\_\_\_\_, understand that activities I might participate in involve certain risks to my health, and that my current health condition could worsen as a consequence of exposure.

I, \_\_\_\_\_, understand that the University does not carry medical premises coverage. I understand that in most instances, medical costs incurred by a student, visitor or volunteer are covered by the individual's private insurance carrier not the University.

I, \_\_\_\_\_, understand and accept that Indiana University and its employees cannot guarantee my safety while performing activities associated with my time spent participating in laboratory or field research. I promise not to seek compensation or initiate legal action against Indiana University, or any of its employees, for any harm suffered by me during any part of my stay unless such injury was caused by gross negligence, recklessness, or willful misconduct of officers or employees of Indiana University.

### Laboratory/Field Work Risk Acknowledgement

Name \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

I, \_\_\_\_\_, have read, understood and agree to the above text.

*Signature*

**Important: If you are not 18 years of age or older, a parent or guardian must sign this acknowledgement of risk and provide contact information.**

Name of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*Please Print*

Telephone no. or email address: \_\_\_\_\_

I, \_\_\_\_\_, have read, understood and agree to the above text.

*Signature*

Updated 10/26/2012