



Oklahoma State University

LABORATORY USE ASSUMPTION OF RISK AND RELEASE OF LIABILITY FOR VOLUNTEERS AND VISITORS (non-minors)

In consideration of the opportunity to observe and/or use OSU Facilities and equipment, and become further educated in their use and potential for research and education, I request permission to participate in activities in laboratory/office facilities connected with the Department of:

at OSU in connection with the following activity:

Because I am not an OSU student or employee, I understand that I will not be covered by any health and/or accident insurance while I am volunteering or visiting these facilities. I anticipate being at the OSU for the period from:

to

However, I understand that OSU has made no commitment to make the laboratory/office facilities available for any specific time period and I will leave and remove my personal property when asked to do so.

I agree to review any applicable laboratory safety procedures and protocols prior to participating in any laboratory activity and to follow all rules and directions from OSU personnel regarding use of the facilities and equipment. I will attend all training as required. I understand, appreciate, and acknowledge there is a risk of injury from using OSU facilities and equipment, including the potential for serious injury. I voluntarily assume the risk of any injuries I may incur while I am using OSU facilities and equipment. I agree that if I am personally injured or suffer any loss of or damage to personal property, I will not attempt to claim coverage under any OSU insurance policy. Further, in consideration of the opportunity to use OSU facilities and equipment, I, on behalf of myself, my agents, heirs and next of kin, hereby release, waive, discharge and covenant not to sue The Regents of OSU, its officers, employees and agents from any responsibility or liability for any and all claims including the negligence of The Regents of OSU, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to the use of OSU facilities and equipment.

I certify that I have health and/or accident insurance coverage that will cover any personal injury that I may sustain while using OSU facilities/equipment and I agree to provide proof of insurance upon request.

OSU may seek to recover, and I agree to pay, the costs to replace or repair any equipment or other OSU property I damage while using the facilities, and I agree to be personally responsible for my own acts and for any medical care that may be rendered to me. I voluntarily assume the risk of damage to or loss of my personal property that may occur during my use of the facilities and equipment.

I, the undersigned, am at least eighteen (18) years of age and am competent to sign this release. I have read carefully and understand and agree to the terms and conditions of this release.

VOLUNTEER/VISITOR SIGNATURE

Printed Name:		Signature:	
Phone Number:		Date:	
Address:			