



Georgetown University
School of Continuing Studies
Summer Programs for High School Students
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**2016 STATEMENT OF RESPONSIBILITY, ASSUMPTION OF RISK, WAIVER OF LIABILITY,
AND MEDICAL RELEASE FORM**

1. Agreement to Participate

I agree to allow my child to participate in the Georgetown University Summer and Continuing Studies Program for High School Students (the Program). I understand that in connection with that Program, my son/daughter will be living in the Georgetown University Residence Halls and will be able to participate in social and educational activities (Activities) offered through the Office of Residence Life and the School of Continuing Studies. I understand that these Activities include, but are not limited to, educational activities, social activities, meals, recreational activities, activities on the campus of Georgetown University, and occasional field trips in or around the Washington DC area. Specific examples of occasional field trips may include going to a movie theater, a mini-golf outing, attending a baseball game, sightseeing trips to local destinations, etc. Some of these Activities may involve academic content that could make certain students uncomfortable (i.e., visiting a gross anatomy lab or viewing a graphic video). Students will be given the opportunity to opt out of any Activity that makes them uncomfortable. I understand that there are risks inherent in the activities my child will engage in as a participant of Program which may cause serious injury or even death. I also understand that, despite safety precautions, Georgetown University cannot guarantee that my child will not be injured. My child and I are willing to assume these risks. To minimize the risk, I have instructed my child to obey all the rules, regulations and instructions of the Program staff. I also acknowledge that my child may be leaving the campus of Georgetown University to attend/participate in some activities off-campus, including local field trip to destinations in the Washington DC metropolitan area, and will be transported by either commercial transportation or the Program staff in Georgetown University owned or rented vehicles. I understand that travel and participation in these activities involves risks. I have investigated such matters to my satisfaction and am willing to accept these risks on my and my child's behalf. **I agree to allow my child to participate in these Activities and affirm that my child's participation is completely voluntary.**

2. Medical Waiver

I have determined that there are no health related reasons or problems which preclude or restrict my child from participating in the Program. Should it be necessary for my child to have medical treatment while participating in Program events or activities and I am unable to be contacted, I hereby give the Program staff permission to use their professional judgment in obtaining medical services for my child. I also give permission to the physician selected by the Program staff to render medical treatment deemed necessary and appropriate by the physician.

3. Lab Safety for Medical Students (Medical Institutes and/or Medical Immersion Program)

I acknowledge that if my child is a participant in the Medical Programs at Georgetown University, my child will be working in an environment where there are potential health or safety risks. In such an environment, it is important that all individuals follow safety rules and observe appropriate precautions. I understand that any failure by my child to comply with these rules and precautions, or to follow the Instructor's or designee's directions, may result in dismissal from the program or activity in which my child is involved. With this understanding, I hereby consent to my child's participation in the lab activities. The lab activities will be listed in the program schedule.

The lab activities may involve the use of chemicals, biological materials and/or scientific instruments which may be hazardous, particularly if used improperly. The laboratories may contain the substances or devices listed below. A Laboratory Supervisor will provide specific operational procedures, safety precautions, instruction(s), and supervision to the student.

- Biological Hazards: Infectious Agents (bacteria, viruses, fungi, parasites, rickettsial, prions, etc.), Recombinant DNA, Human Blood, Bodily fluids and/or Tissue
- Chemicals: flammable, toxic, carcinogenic, mutagenic, etc.
- Equipment: centrifuges, autoclaves, fume hoods, etc.
- Research Animals
- Sharps

Your child will be required to receive laboratory-specific safety training (Chemical / Biological) conducted by the Instructor which details the protective measures in place for all hazards identified above. Your child will be responsible for the below behavior.

BEFORE participants arrive/activity begins:

- Register for GU HOYAlert
- Absolutely **NO** cell phones permitted in the laboratory space
- Wear appropriate clothing
- Eat breakfast

- Communicate any concerns to the Instructor or their assistant

DURING the activity:

- Wear appropriate Personal Protective Equipment (PPE)
 - lab coat/apron/protective clothing (will be provided)
 - gloves (will be provided)
 - closed-toe shoes
- No eating/drinking/food storage will be permitted in the lab space
- Gloves and aprons/lab coats will not be worn outside of the designated activity area
- Horseplay is prohibited
- Concerns will be immediately communicated to the Instructor or their assistant

AFTER the activity:

- Sharps (e.g., needles, scissors) will be collected immediately by TAs
- Dissection/surgical instruments will be cleaned and placed in the trays/receptacles provided
- Dissection materials (e.g., tissue) must be properly disposed in the provided biohazardous waste containers
- Ensure that all anatomy specimens and associated tissues/parts are not removed from the work station until instructed to do so
- Remove PPE and dispose in appropriate container prior to leaving the area
- Wash hands

4. Assumption of Risk and Waiver

In consideration for permitting my child to participate in the Program, **I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

- **To assume full responsibility for any risks or loss, or personal injury, including death** that may be sustained by my child, or any loss or damage to property owned by my child, as a result of participating in, or traveling to or from The Program.
- **To release, waive, hold harmless, discharge and agree not to sue** Georgetown University, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as “releases”) from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me or my child, while traveling to or from, or participating in Program activities , except to the extent that such claims are caused by Georgetown’s gross negligence or willful misconduct.

I have read and understand the foregoing statements and I am in agreement with the terms and conditions therein.

Parent Signature _____ Date _____

Name of Student _____ Program _____