

**Informed Consent and Assumption of the Risk
for Visiting Students in the Summer Science Training Program at Millersville University**

I, _____, Parent or Legal Guardian of _____
(Name of Parent or Guardian)
(hereinafter "Minor"), grant permission for Minor to participate in the Summer Science Training Program at Millersville University.

Parent/Guardian recognizes that there are inherent risks and hazards associated with the performance of science laboratory work and that no amount of reasonable instruction and supervision will prevent all injuries. By signing this informed consent and assumption of the risk form, Parent/Guardian acknowledges that he or she understands and appreciates the risks and hazards associated with working in a science laboratory, including those related to chemical exposures and to the use of potentially dangerous laboratory equipment. This includes the potential for serious or permanent injury to all bodily organs and functions.

In accepting this risk and others associated with participation in the Millersville University Summer Science Training Program on behalf of minor. Parent/Guardian expressly and explicitly releases any and all claims as a result of Minor's participation in the Millersville Summer Science Training Program, including claims for medical expenses that Parent/Guardian may incur for treatment for injuries sustained by Minor while engaging in program activities including, but not limited to, scientific laboratory work and traveling to off-campus locations for field trips. Parent/Guardian assures Millersville University that he or she has adequate health insurance necessary to provide for and pay any medical costs that directly or indirectly results from Minor's participation in program activities. Parents also agree to indemnify and hold harmless, Millersville University, its agents, representatives and employees, the State System of Higher Education, and the Commonwealth of Pennsylvania from any and all claims for any loss or damage incurred as a result of Minor's participation in program activities.

By my signature below, Parent/Guardian intends to be legally bound and certifies that he or she completely understands this document,

Signature

Parent/Guardian

Date

Witness

Date