

**UNIVERSITY OF MARYLAND, BALTIMORE
PARENTAL CONSENT STATEMENT**

I, the undersigned Parent/Guardian of ("the student"), _____
Printed Name of the Student

_____ Date of Birth _____ Address

_____ Social Security Number (optional) _____ City, State, Zip

understand and hereby consent and agree as follows: The student has been offered the opportunity to work at the University of Maryland, Baltimore under the supervision of:

_____ Supervisor Name _____
Department/School

I understand that laboratories are potentially hazardous environments involving the use of scientific instruments, chemicals, radioactive materials and biological materials. Even under ideal laboratory conditions, proper use of these materials results in risk of personal injury, and improper use of these materials involves even greater risk. I understand that laboratory personnel have the right to exclude the student from activities believed to be inherently dangerous or inappropriate for the experience level of the student. Also, I understand and agree that the student may be removed from the laboratory on a temporary or permanent basis due to failure or inability to follow laboratory rules and perform laboratory work as directed. My child will receive appropriate training on how to identify these hazards and work with them safely. My child will be supervised in handling of such instrumentation and materials.

I grant my permission to the University of Maryland, Baltimore, its physicians, members of its faculty, agents, servants, and employees to provide such emergency care and treatment to the student, as in their judgment may be deemed necessary or advisable in the event that the student should require emergency care while acting in the course of his/her work at the University. I assume the cost of such emergency care and treatment, if any.

In consideration of the student's opportunity to participate in the laboratory program, I hereby indemnify, release, and hold harmless the State of Maryland, the University of Maryland, Baltimore, and the faculty, employees and agents of the University of Maryland, Baltimore, from any and all claims, liabilities, suits, and damages relating to or arising from the student's experience at University of Maryland, Baltimore, saving and excepting only claims allowed by the Maryland state tort claims act or other applicable statute permitting claims against the state of Maryland.

PARENT/GUARDIAN: _____ Signature and Date

_____ Printed Name _____ Address

_____ City, State, Zip Code

WITNESS: _____ Signature and Date

_____ Printed Name _____ Address

_____ City, State, Zip Code