

UNIVERSITY OF MARYLAND, BALTIMORE
VOLUNTEER CONSENT FORM AND AGREEMENT
FOR MINOR VOLUNTEER
WITH PARENT OR GUARDIAN CONSENT

I, _____, the parent or guardian of
_____ (Print Volunteer's Name Here)
agree as follows:

I am the _____ parent or _____ legal guardian of the Volunteer identified above, who is less than 18 years of age. The Volunteer has been offered the opportunity to work in a volunteer capacity at the University of Maryland, Baltimore under the supervision of:
_____ (Print Supervisor's Name Here) in
_____ (Print School / Department Name Here),
subject to my consent. I give my consent freely.

I understand that the School / Department (and its laboratories), is a potentially hazardous environment which may involve the use of scientific instruments, chemicals, radioactive materials and biological materials. Even under ideal conditions, proper use of these materials involves the risk of personal injury and damage to personal property (for example, the Volunteer's clothes and shoes), and improper use of these materials involves even greater risk.

I agree that the School/ Department, and any appropriate university staff member or student, has the right to exclude the Volunteer from activities believed to be inherently dangerous or inappropriate based on the Volunteer's level of experience. I agree that the Volunteer may be removed from a laboratory/work site on a temporary or permanent basis due to failure or inability to follow laboratory/work site rules and perform assigned work as directed. I understand that the Volunteer will receive appropriate training on how to identify potential hazards and how to work with them safely provided the Volunteer performs only assigned tasks.

I grant my permission to the University, its physicians, members of its faculty, agents, servants and employees to provide emergency care and treatment they deem necessary or advisable to the Volunteer if the Volunteer requires emergency care while volunteering at the University. I will be responsible for the cost of any emergency care and treatment provided to the Volunteer, as well as the cost of any care required subsequent to the emergency. I know that the University does not provide medical insurance for the Volunteer and does not reimburse for volunteers' medical expenses.

I understand that the University is not responsible for the security of the personal property of the Volunteer (for example, coats, personal electronics, cell phones, laptops, backpacks, and books) while the Volunteer is at the University.

In consideration of the Volunteer's opportunity to be a Volunteer at the University, I 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 Volunteer's experience at the University of Maryland, Baltimore, excluding only claims

allowed by applicable Maryland State statute(s) permitting claims against the State of Maryland related to negligence of State personnel.

I attest that I have been provided with copies of these University of Maryland, Baltimore policy and procedure guidelines that relate to the Volunteer's status: a) "State of Maryland Substance Abuse Policy"; b) "Student Right to Know & Campus Security Act"; and c) "Conflict of Interest and Ethics Related Issues". I have reviewed these policies, and this Agreement, with the Volunteer, and I believe the Volunteer understand and will follow the requirement of this Agreement and the Policies.

PARENT/GUARDIAN: _____

Signature and Date

Printed Name _____

Address _____

City, State, Zip Code _____

The Volunteer and the Supervisor each must sign this Agreement to acknowledge that he or she has reviewed this Agreement and understands and accepts the responsibilities of the Volunteer or Supervisor, respectively, in connection with the proposed volunteer work.

_____ Volunteer Signature	_____ Supervisor Signature
Date: _____	Date: _____