Parental/Legal Guardian Consent and Release for Minors Visiting Potentially Hazardous Work Areas

I understand that	(Print) Name of	minor child ("Child")	Date of Birth
will be participating in laborat in areas where hazardous che	• •	•	_
As the parent/guardian, I am a hazardous work areas, and he work areas provided that he/s	reby give my consent f		,
•	on of a responsible u of the area's potenti	niversity research staff r al hazards.	nember who is trained
Unive	ersity research staff mem	ber	Phone
For and in consideration of the Activity, I, Child, and his/her produntarily indemnify, release California and its officers, trustor group affiliated therewith (person or property, or other of Child's participation in the Actis injured, I agree to assume a some other means, for any medical expenses, injury, or definition of the Action o	from liability, agree to from liability, agree to stees, employees, agen collectively "USC") for consequences suffered tivity, including as a res ny financial obligation, edical costs which Child	s, guardians, and legal rep defend and hold harmless ts, representatives, and ar any accident, injury, illnes by Child arising or resultin ult of USC's negligence, if either through Child's hea d incurs. USC assumes no	resentatives hereby s the University of Southern ny department, organization s, death, loss, damage to ng directly or indirectly from any. In the event that Child alth insurance, or through responsibility for any
BY SIGNING BELOW, IT IS THE EXPRESSLY ASSUME ALL RISK HERSELF, TO THE EXCLUSION INJURY, PROPERTY DAMAGE (OF PERSONAL INJURY, OF USC, AND TO EXEM	DEATH, OR PROPERTY DAI PT AND RELIEVE USC FROI	MAGE UPON HIS OR
I further agree that Child, his/ make any claim against, sue o participation in the Activity. I that this is a release of liabilit death or property damage, a	r attach the property of am aware of the pote ty, a waiver of Child's I	f USC for any loss or dama ntial dangers incidental to egal right to collect dama	ege resulting from Child's or engaging in the Activity, ges in the event of injury,
Print Name of Parent/Legal G	Guardian Pare	nt/Legal Guardian Signature	 Date