

MUN Science Field Trip Consent/Waiver Form

MUN Science Field Trip Activities (Grade 8 Students)

The field trip will provide students with the opportunity to visit a Department of Chemistry, Biochemistry, or Biology laboratory at Memorial University (MUN) to complete a laboratory experiment, observe exciting and interesting demonstrations, and tour departmental research labs.

For the safety of students, teachers will be spending a short period of time reviewing all safety regulations of the university laboratory with students in the classroom prior to attending the field trip activities and students **must agree** to all laboratory rules and regulations while attending the field trip activities.

In accordance with Memorial University policy, all regulations concerning laboratory safety must be observed and all students **must conform** to wearing the personal protective equipment (or PPE) required for the laboratory including:

- 1) Long pants and shoes that fully cover the foot (suggestion: jeans and sneakers)
- 2) Tops should completely cover the torso at all times (no crop tops)
- 3) Where applicable, laboratory safety glasses/goggles (will be provided)
- 4) Where applicable, a knee-length lab coat (will be provided)

Please note that arrival at the laboratory session without the appropriate clothing and footwear will result in the student not being able to take part in any part of the field trip activities.

Emergency Authorization

In the event that I, or any of the emergency contacts, cannot be reached, I hereby consent and give my permission to Memorial University of Newfoundland and/or the Departments of Biology, Biochemistry, and/or Chemistry, and the medical personnel selected by them, to render such emergency medical diagnosis and treatment of my Child as is deemed necessary while attending the Faculty of Science Field Trips at Memorial University. Such authorization for emergency treatment shall also include, but is not limited to, costs incurred for the provision of such aid and treatment that is medically necessary. I understand and acknowledge that these costs are my responsibility and I will assume financial responsibility for the cost of any specialized means and necessary care.

Photo Release/Media Permission

From time-to-time, the local media may be invited to videotape, photograph, record, and /or interview students involved in school-related activities.

In addition, schools in the Newfoundland and Labrador English School district promote involvement in curricular and co-curricular activities by posting pictures of students, representative school projects, and recorded student readings on its web site or social media feed and/or in its newsletters, brochures or advertisements.

The Departments of Chemistry, Biochemistry, and Biology, the Faculty of Science, and Memorial University may take pictures and/or record videos of Newfoundland and Labrador English School District of students involved in the Memorial University Faculty of Science field trips and post these pictures and videos to their web pages and/or on the social media feeds or use these photos/videos for promotional information documents or educational reports/proceedings.

Waiver

I understand that the University assumes no responsibility for personal injury, or loss, or damage to my Child's personal property. I agree to release and waive liability for all claims that I or my Child may have, or may in the future have, against Memorial University of Newfoundland and/or the Departments of Biology, Biochemistry, and/or Chemistry, and/or the Faculty of Science, or any person(s), entities, or organization(s) associated in any way with the Science Field Trips at Memorial University, from any and all liability for any loss, damage, injury, or expense that my Child may have suffered as a result of his/her participation or presence at the Science Field Trips at Memorial University, due to any cause whatever.

Cost: \$5.00

Parent/Guardian Permission

I declare that I, the undersigned, am legally authorized to sign this Consent/Waiver Form and hereby give my full consent for my Child to participate in the activities and conditions cited above. I have read, understand, and agree to the contents of this CONSENT/WAIVER FORM in its entirety and I sign it freely and voluntarily without any inducement.

Student's Name: _____

School Name/Science Teacher: _____

Trip Date and Time: _____

Emergency Contact Name and Number: _____

Parent/Guardian: Print Name: _____

Sign Name: _____

Date: _____

Student Agreement:

By signing below, I agree that I was in attendance in the classroom during the review by my teacher of all Safety Rules and Regulations concerning my laboratory visit(s) in the Departments of Chemistry, Biochemistry, and/or Biology in the Faculty of Science at Memorial University. I agree to abide by all the safety Rules and Regulations reviewed, and agree to wear all PPE as outlined in the letter above. I understand that neglect to abide by all the Safety Rules and Regulations of the lab or failure to participate in all activities as outlined by lab staff may result in the termination of my participation in the field trip activities.

Student: Print Name: _____

Sign Name: _____

Date: _____