

Boston University School of Medicine  
CityLab Permission Slip and Waiver

Dear Parent/Guardian,

CityLab is a biotechnology learning laboratory for teachers and students at the Boston University School of Medicine. Please read and sign the following safety standards with your son/daughter prior to their participation in a CityLab.

The undersigned agrees to observe the following safety procedures while participating in all CityLab activities at CityLab or in the MobileLab:

1. Wear appropriate clothing to the lab, including closed-toe shoes, long pants/skirt, and long sleeved shirt.
2. If vision correction is necessary, wear glasses instead of contact lenses.
3. Tie back long hair and remove all dangling jewelry.
4. Do not bring food or drink into the laboratory.
5. Do not apply cosmetics in the laboratory.
6. Wear safety glasses at all times in the lab.
7. Wear other safety equipment (i.e. lab coat, gloves) when instructed to by CityLab staff. (Note: Please notify instructor if you have an allergy to latex gloves.)
8. Behave in an orderly, safe, and professional manner; respect your peers and instructors.
9. Use all equipment and reagents only as directed.
10. Use the appropriate trash for designated waste.
11. Report all injuries, spills, or breakage to CityLab staff.
12. Use eyewash/shower for emergencies only.
13. In the event of a fire alarm, exit the lab immediately in an orderly fashion.
14. Work only in designated areas of the building.
15. Do not work alone in the laboratory; an instructor must be present at all times.
16. Work only in designated areas of the building; enter only offices, laboratories, or other rooms that have been designated by your instructors.
17. Wash your hands before leaving the laboratory.

I give my permission for my child in to participate in the CityLab program at CityLab. I am aware of and accept the risks inherent in working in this laboratory setting and recognize that my child must abide by the laboratory safety guidelines as described above and as will be explained in person while at CityLab. I am aware that I can contact Boston University if I need further information in order to make a proper decision regarding participation of my son/daughter in this program. In consideration of my child being provided an opportunity for skilled instruction in a hands-on biotechnology learning laboratory, and in recognition of my child not being a registered Boston University student, nor paying any tuition to the University, I hereby voluntarily agree to waive, hold harmless and indemnify the Trustees of Boston University and its trustees, agents, employees, students and volunteers from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my child, its heirs, its assigns or successors may have against any of them for, on account of, or by reason of this volunteer experience at CityLab. I execute this GENERAL RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK AGREEMENT of my own free will and accord.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

I agree to behave in a responsible and safe manner during my participation in all CityLab activities. I realize that any behavior judged by the CityLab staff to be inappropriate, dangerous, or disrespectful in the laboratory will not be tolerated and will prohibit participation in the CityLab activity.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Call 617/638-5688 with questions or visit our web site at [www.bumc.bu.edu/citylab](http://www.bumc.bu.edu/citylab).