

University of North Carolina at Greensboro
Minor Agreement in Connection with Activities in Research Labs

I. AGREEMENT

In consideration of my being allowed to participate as part of an officially sanctioned educational program that allows minors ages 14-17 to participate in research activities in a research laboratory located at The University of North Carolina at Greensboro (hereafter "University"), I hereby agree as follows:

1. I am allowed to participate in these research activities only between _____ (Date) and _____ (Date).
2. The activities permitted are described in the attached Minor Research Laboratory Participant Agreement and Consent form.
3. During the period of the research activities, I will not be considered an employee of the University, and I will not receive salary, payment or other University benefits. In addition I acknowledge and understand that any injuries I may sustain while performing my research at the University will not be covered by Worker's Compensation. I understand that the primary value of my work in this laboratory is educational in nature.
4. I agree to obtain all of the training required by the University "Minors in Research Laboratories policy" and specified in this agreement before beginning research activities. Further, I understand that faculty and/or federal or state agencies may impose safety or procedural requirements different from or in addition to those referenced in the policy above.
5. I will cooperate with my University mentors and comply with their directions, and I acknowledge that my failure to do so may result in the University terminating my participation and this Agreement.
6. The University has the right to terminate my participation and this Agreement at any time, with or without reason.
7. Although I am a minor, I understand that neither the University nor any of its employees, students or staff involved in or associated with my project will act in place of my parent or legal guardian. This means that University employees, students or staff will not assume the rights, responsibilities, or obligations that belong to my parent/legal guardian.

II. RELEASE

8. I acknowledge that I am choosing to participate in this activity that is not required but something I have sought out I am aware that because I am a minor, my parent/legal guardian has full responsibility for any loss, damage or personal injury, and for any property damage that I may cause during my participation in this activity, except to the extent it is caused by the negligence of The University of North Carolina at Greensboro, its employees or agents.

III. CONSENT FOR EMERGENCY MEDICAL TREATMENT

9. In the event of my illness or injury, University employees are authorized to obtain emergency or other medical treatment for me as deemed necessary.

Because I am a minor, and am not of legal age, my parent or legal guardian, who has legal responsibility for me, must also sign a Parent/Legal Guardian Agreement, Release and Consent for Emergency Medical Treatment in Connection with Activities in Research Labs. My parent/legal guardian also must also sign this agreement to acknowledge my commitment to the conditions I have agreed to meet.

Name of Minor Participant (print or type)

Date

Signature of Minor Participant

Date

Name of Minor's Parent or Legal Guardian (print or type)

Date

Signature of Minor's Parent or Legal Guardian

Date

Name of Witness (print or type)

Date

Signature of Witness

Date

Minor's Medical Insurance Information:

Name of Carrier

Policy Number

*The signatures do not have to be notarized. Original forms to be maintained for at least ten (10) years after the conclusion of the activity.