

**University of North Carolina at Greensboro**  
**Parent/Legal Guardian Agreement, Release and Consent for Emergency**  
**Medical Treatment in Connection with a Minor's Activities in a Research Lab**

**I. AGREEMENT**

In consideration of my child/ward's ability 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. My child/ward is 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, my child will not be considered an employee of the University, and will not receive salary, payment or other University benefits. In addition I acknowledge and understand that any injuries my child/ward may sustain while performing my research at the University will not be covered by Worker's Compensation. I understand that the primary value of this opportunity is educational in nature.
4. I understand that my child/ward agrees 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 in the above-referenced policy.
5. I acknowledge that the University has advised me to procure appropriate medical insurance coverage for my child/ward and that I have done so.
6. I understand that my child/ward agrees to cooperate with University mentors and comply with their directions, and I acknowledge that if my child/ward fails to do so, the University may terminate my child's participation and this Agreement.
7. I acknowledge that The University has the right to terminate my child's/ward's participation and this Agreement at any time, with or without cause.
7. I understand that neither the University nor any of its employees or agents involved in or associated with my child's/ward's project assumes, nor do they intend to assume, any parental roles, responsibility, or obligations with respect to my child/ward

**II. RELEASE**

8. I understand the risks and hazards of this activity. I hereby release, forever discharge, and agree to indemnify and hold harmless, The University of North Carolina at Greensboro, the State of North Carolina and their employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by my child/ward or to any property belonging to my child/ward while I am participating in this program.
9. I acknowledge that my child's/ward's participation in this activity is elected by my child/ward and not required. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including

death, and for any property damage that may be sustained by my child/ward as a result of my child/ward's 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, and with the understanding that the University and the State of North Carolina and their employees and agents have not waived sovereign immunity and that they retain all defenses and other lawful provisions which may be of aid to them in their defense, including the Tort Claims Act and the Common Law.

### III. CONSENT FOR EMERGENCY MEDICAL TREATMENT

10. In the event of illness or injury, I hereby authorize University employees to obtain emergency or other medical treatment for my child/ward as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the University employee to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable. A copy of this Agreement and Release and Consent for Emergency Medical Treatment shall have the same force and effect as the original.

My minor child/ward must also sign a Minor Agreement in Connection with Activities in Research Labs to recognize and acknowledge his/her roles and responsibilities in this Agreement. My child must also sign this document to acknowledge their awareness of my roles and responsibilities in this Agreement. This release and agreement is binding on me, my heirs, assigns, and personal representatives.\*

_____ 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
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\*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.