WAIVER OF PARTICIPATION IN UNIVERSITY OF MINNESOTA VETERINARY DIAGNOSTIC LAB NECROPSY MEDICAL SURVEILLANCE PROGRAM

This waiver option is available to individuals who are NOT employees or students of the University of Minnesota (University) who are visiting University Veterinary Diagnostic Lab (VDL) Necropsy facilities.

As an individual who meets the above description, I wish to participate in activities that will expose me to animals used in diagnostic cases, research, or education activities at the University of Minnesota VDL Necropsy lab.

I understand that I may participate in the University’s VDL Necropsy Medical Surveillance Program, which entails some or all of the following activities: completing a medical questionnaire, obtaining vaccinations and/or medical tests, using personal protective equipment and/or avoiding exposure to designated animals, activities, or substances. I further understand that I may waive participation in the VDL Necropsy Medical Surveillance Program by completing this form.

I acknowledge that by being in proximity to, observing, or working with animals used in diagnostic cases, research, or education activities, I may be exposed to certain health hazards that could damage my health. These include but are not limited to: exposure to infectious agents, exposure to allergens, possible animal bites, scratches, or other injuries. Exposure to such agents may cause eye irritation, cough, sore throat, shortness of breath, fever, rash, gastrointestinal, neurologic and other symptoms.

I understand that further information about occupational health risks is available at my request by contacting University Health and Safety: Occupational Health (UHS-OH) at 612-626-5008 or uohs@umn.edu. I also understand that I should call this same number for assistance if I sustain an occupational health injury or exposure while visiting University facilities.

RELEASE

I acknowledge the risks associated with handling, caring for, observing or conducting diagnostic, research, or education activities involving animals used in diagnostic cases, research or teaching and I choose to engage in any or all of these activities while at the same time waiving participation in the University’s VDL Necropsy Medical Surveillance Program. I release the University and its officers, employees, agents, and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur while handling, caring for, observing, or conducting research or education activities involving animals used in University research or teaching. This release applies even if my injury or loss arises from negligence by the University. It does not apply to injury or loss caused by recklessness or intentional misconduct of the University.

Participant Name (Please Print)  
UMN VDL Lab Manager or Host

Purpose of visit/Activity  
UMN VDL Lab Manager or Host’s Signature

Date(s)/duration if visit or activity  
Institutional/company affiliation

By: ___________________________________________  (Participant Signature)

Address: ___________________________________________

E-mail address: _______________________________________

Phone Number: _______________________________________

Date: _______________________________________

NOTICE FOR INDIVIDUALS WHO ARE MINORS

Persons under 18 years of age must have this agreement co-signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this minor, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the University and its officers, employees, agents and representatives, from any and all liabilities incident to my minor child’s involvement, EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, but not from recklessness or intentional misconduct of the University.

Parent/Guardian
By: ___________________________________________  (Participant Signature)

Address: ___________________________________________

E-mail address: _______________________________________

Phone Number: _______________________________________

Date: _______________________________________