

Parent/Guardian Disclosures and Waiver

Waiver of Liability/Parental Consent

I/We, the undersigned, hereby certify that I/we are the parent or legal guardian of the student. I/we further certify that the student is physically, emotionally, and mentally capable of participating in all related activities with reasonable and appropriate accommodations. If accommodations are needed, I/We agree to notify the LSIJ College of Engineering High School Summer Research Program in writing at least three weeks before the program begins, and I/We agree to provide a medical form to the program to state such needs. Upon request by the staff of LSU College of Engineering High School Summer Research Program, I/We agree to provide a doctor's certificate confirming the student's ability to participate in Program activities. I/We hereby give permission for the staff/Faculty of LSI-J College of Engineering to seek appropriate medical treatment for the student during the period of the Program and for the student to receive medical attention in the event of an accident, injury, disease or illness. I/We will be responsible for all costs of medical attention provided. As a condition to the student's participation in the Program, I/We accept all liability related to any loss, personal injury, disease, illness or property/ damage that may be sustained or occur during participation in the Program. I/We understand that when my child's class ends for the day, LSU's responsibility for him/her ends and it is my responsibility to pick him or her up at the designated time and location.

Parental Permissions:

Initial

	This certifies that I give the LSU College of Engineering permission to photograph/ videotape my child for instructional/publicity purposes.
	This certifies that I have reviewed this document and consent to my student's participation in the program as outlined in all shared program materials.
	I understand that my student may be working with hazardous chemicals, radioactive materials and biological materials. Student researchers will be provided training in the safe handling of these items. My student and I have received and reviewed the LSI-J Lab Safe Guidelines.

Please print your name, the student's name, sign, and date this waiver. This form must be completed in order for your child to participate in the LSU College of Engineering High School Summer Research Program.

Student's Name (Print): _____ Date: _____

Student's Signature: _____ Date: _____

Parent/Legal Guardian (Print): _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____