

COLLEGE OF COMPUTER, MATHEMATICAL, AND NATURAL SCIENCES

UNIVERSITY OF MARYLAND, COLLEGE PARK

CONSENT AND RELEASE FOR ON-CAMPUS RESEARCH

In consideration of being permitted to participate in a non-paid, or paid research experience (hereinafter the "Experience") with the University of Maryland, College Park's, College of Computer, Mathematical & Natural Sciences (hereinafter the "College"), I voluntarily agree to indemnify, release and hold harmless the State of Maryland, the University and its officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, causes of action on account of any loss or personal injury to me that might result from my participation with the College, whether arising through my own negligence, omission, default or that of the University.

I understand that I will be exposed to the College's laboratories/experiments and mentored by University faculty and staff. As with any activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. Should I require emergency medical treatment as a result of illness, injury or accident arising during the Experience, I consent to such treatment. I will notify the University in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee sting reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.

I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Consent and Release, or that I have discussed this with my parents/legal guardian, who agree with my decision to participate in the Program and to all of the terms and conditions stated above.

Name of Participant (Print):

Signature of Participant:

Signature of Parent/Guardian:

(If Participant is under 18,

Emergency Contact Number

Name of High School:

Address:

Name of Current High School

Science Instructor(s):

Name of Supervisor and Department
or Institute

Date

Cc: CMNS Dean's Office
2300 Symons Hall
College Park Campus