

## Appendix A: Safety Assurance

**Name of Minor:** \_\_\_\_\_

**Worksite Location:** \_\_\_\_\_

**Activity(ies):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional information if necessary*

**Responsible Principal Investigator or Supervisor:**

I agree to sponsor the minor(s) identified above and by my signature below agree that:

1. I have read, understand, and will adhere to The University of Tennessee policy on “Minors in Laboratories and Shops.”
2. I will ensure the student has received the necessary training before participating.
3. I have reviewed or will review with the minor at the time of arrival on campus the hazards involved with participating in the lab or shop.
4. I have confirmed that necessary personal protective equipment appropriate for, and specific to, hazards will be provided.
5. This individual will be supervised at all times while in the laboratory or shop and never left alone. The laboratory or shop in which the minor will be working is in compliance with all applicable University of Tennessee safety programs and regulations.

**Name of Principal Investigator or Supervisor:** \_\_\_\_\_

**PI/Supervisor Phone:** \_\_\_\_\_ **PI/Supervisor Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*{Over for remainder of form}*

**Minor**

1. I have read, been told, and agree to follow the safety policies of The University of Tennessee.
2. I acknowledge and agree that there are risks involved with the activity(ies) as described above.
3. I have read, understood and signed the Rules for Minors in Laboratories and Shops.
4. I agree to complete safety/hazard or other required training provided by The University of Tennessee before participation in the activity(ies) described above.
5. I choose to voluntarily participate in this activity with full knowledge that the activity(ies) described above may be hazardous to me.
6. I agree that my participation may be suspended at any time, at the discretion of The University of Tennessee and its officers, agents, and employees, if I jeopardize my own safety or the safety of others.
7. I agree to release, indemnify, and hold harmless The University of Tennessee for any loss, liability, damage, or costs, including court costs and attorney's fees, that may occur as a result of my negligent or intentional act or omission while participating in the activity(ies) described above.
8. I agree to immediately report any accidents/injuries/exposures to the P.I. or Supervisor as soon as possible.

***I have carefully read this document and had sufficient time to ask questions and be given answers. I sign this document voluntarily.***

Name of Minor (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian**

I, \_\_\_\_\_ (PRINT NAME), am the parent or legal guardian of the participant who has signed above.

1. I have read and understand what my child will be doing and the risks involved.
2. I understand that I may contact the PI or supervisor if I have questions or concerns.
3. I agree that my child's participation may be suspended at any time, at the discretion of The University of Tennessee and its officers, agents, and employees, if the safety of my child or others becomes a concern.
4. I certify my child has adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the activity(ies) described above.
5. I have read and I understand this information and I consent to my child taking part in the activity(ies) described above, and I fully enter into and agree to the above Assumption of Risk and Release from Liability set forth above.

Name of Parent or Legal Guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Rules for Minors in Laboratories and Shops

1. Never participate on a scheduled assignment alone in any laboratory or shop environment without direct, immediate adult supervision from the P.I. or Supervisor.
2. Complete and follow safety training specific to the hazards in the laboratory or shop.
3. Always wear the personal protective equipment as directed and dispose of it appropriately. This personal protective equipment (PPE) includes goggles, gloves, coats/gowns, and other face/body protection as dictated by the hazard being worked with or around. Always remove PPE when leaving the work area.
4. Always follow the instructions of the P.I. or Supervisor.
5. Always report any accident (regardless of severity) immediately to the P.I. or Supervisor.
6. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area and after removing gloves.
7. Never eat, drink, chew gum, apply lip balm, or touch contact lenses while in any laboratory environment.
8. Always wear closed-toe shoes while in any laboratory or shop.
9. Always tie back long hair to keep it out of all the hazards listed above.
10. Always wear clothing that reduces the amount of exposed skin.
11. Always ask questions if you don't understand the safety requirements.

Name of Minor (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Legal Guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_