

**Faculty of Science Outreach Program Consent/Waiver Form 2026 –MUN Lab Visits**

Students and their teachers are invited to visit the laboratories of the departments of Chemistry, Human Biosciences, Biology at Memorial University (MUN) on various dates in the summer of 2026. Students will enjoy a variety of activities which will include a laboratory experiment, lab demonstrations and/or building tours in one of the three departments mentioned.

In accordance with Memorial University policy, all visits will include a review of necessary safety requirements to which all visitors must adhere to take part in the activities. Additionally, all visitors must conform to wearing the required personal protective equipment (PPE) required in the laboratory.

This includes:

- 1) Long pants and closed-toed shoes that fully cover the foot (suggestion: jeans and sneakers)
- 2) Shirts that completely cover the torso (no crop tops)
- 3) Laboratory safety glasses/goggles and/or a knee-length lab coat (will be provided, if required)

**Please note that arrival at the laboratory visit without the appropriate clothing and/or footwear will result in visitors being unable to take part in the laboratory activities.**

**Students visiting the Department of Chemistry**

Please bring with you on your visit a scientific calculator and a writing utensil

**Photo Release/Media Permission**

From time-to-time, the local media may be invited to videotape, photograph, record, and /or interview students involved in school-related activities.

In addition, schools in the Newfoundland and Labrador English School district promote involvement in curricular and co-curricular activities by posting pictures of students, representative school projects, and recorded student readings on its web site or social media feed and/or in its newsletters, brochures or advertisements.

The Departments of Chemistry, Human Biosciences, and Biology, the Faculty of Science, and Memorial University may take pictures and/or record videos of students involved in the Memorial University visits and post these pictures and videos to their web pages and/or on the social media feeds or use these photos/videos for promotional information documents or educational reports/proceedings.



**Emergency Authorization**

In the event that I cannot be reached, I hereby consent and give my permission to Memorial University of Newfoundland and/or the Departments of Biology, Human Biosciences, and/or Chemistry, and the medical personnel selected by them, to render such emergency medical diagnosis and treatment of my Child as is deemed necessary while attending the laboratories at Memorial University. Such authorization for emergency treatment shall include, but is not limited to, costs incurred for the provision of such aid and treatment that is medically necessary. I understand and acknowledge that these costs are my responsibility and I will assume financial responsibility for the cost of any specialized means and necessary care.

**Waiver**

I understand that the University assumes no responsibility for personal injury, or loss, or damage to my Child's personal property. I agree to release and waive liability for all claims that I or my Child may have, or may in the future have, against Memorial University of Newfoundland and/or the Departments of Biology, Human Biosciences, and/or Chemistry, and/or the Faculty of Science, or any person(s), entities, or organization(s) associated in any way with the laboratory visits at Memorial University, from any and all liability for any loss, damage, injury, or expense that my Child may have suffered as a result of his/her participation or presence at the laboratory visits at Memorial University, due to any cause whatever.

I declare that I, the undersigned, am legally authorized to sign this Consent/Waiver Form and hereby give my full consent for my Child to participate in the activities and conditions cited above. I have read, understand, and agree to the contents of this CONSENT/WAIVER FORM in its entirety and I sign it freely and voluntarily without any inducement.

**Student's Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_

**Parent/Guardian: Print Name:** \_\_\_\_\_

**Sign Name:** \_\_\_\_\_

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

**Emergency Contact Name and Number:** \_\_\_\_\_