

Middle School Name: _____ Date of Education Center visit: _____

GREENWOOD GENETIC CENTER: OUTREACH EDUCATION PROGRAM
Genetic Education Center Permission Form and Waiver

I acknowledge that my child is voluntarily participating in a tour and/or STEM-based activity at the Genetic Education Center. I understand that the nature of the visit and laboratory activity may involve my son/daughter handling sensitive scientific equipment, computers, and small amounts of biological materials and chemicals. I am aware of and accept the risks inherent in working in this laboratory setting and recognize that my son/daughter must abide by standard laboratory safety guidelines as described below and as will be explained in person at the visit. I am aware that I may contact the GGC if I need further information in order to make a proper decision regarding participation of my son/daughter in this program. In consideration of my child being provided an opportunity for skilled instruction in a hands-on biotechnology learning laboratory, I hereby voluntarily agree to waive, hold harmless and indemnify the GGC, its Board, its employees, and faculty/staff from any and all claims of liability, damage, injury or loss relating in any way to my child's participation in the program and presence at the GGC facilities.

Contact information: Dr. Leta M. Tribble (864) 941-8100 or (864) 943-4170 or LMT@ggc.org

The undersigned agrees to observe the following safety procedures while participating in all activities on the GGC's Greenwood campus:

1. Pay close attention and follow all directions given by members of the GGC staff
2. Wear appropriate clothing to the lab, including closed-toe shoes. Be aware that aprons are not provided and that certain dyes may stain clothing.
3. Behave in an orderly and professional manner.
4. Wear provided safety glasses and gloves at all times while in the student laboratory.
5. Use equipment and reagents only as directed.
6. Report all injuries, spills or breakage to GGC staff.
7. Use eyewash for emergencies only.
8. In the event of a fire, exit the lab immediately and in an orderly fashion.
9. Do not apply cosmetics in the laboratory.
10. Never work alone in the lab; an instructor must always be present.
11. No cell phone usage is allowed in the Genetic Education Center.

I am aware that photographs and/or videos may be taken during the lab experience while on the GGC campus for the **sole** purpose of publicizing, promoting and illustrating the Center's outreach education program. I agree to allow GGC staff to take and use these for those stated purposes. I hereby release and discharge the GGC from any and all claims and demands arising out of or in connection with the use of the photographs, slides, and/or video images of my child, including without limitation any and all claims for libel or invasion of privacy.

Parent or Guardian Signature: _____ Date: _____
(Teachers are not to sign this for student)

Print Name: _____

I agree to behave in a responsible and safe manner during my participation in all GGC Genetic Education programs and activities. I realize that any behavior judged by the GGC staff to be inappropriate, dangerous, or disrespectful in the laboratory will not be tolerated and will prohibit participation in the GGC Genetic Education activity.

Student Name (Print): _____ Date: _____

Student Signature: _____ 02/28/2018