

**AUTHORIZATION
TO PARTICIPATE IN LAB RESEARCH AT
WESTERN MICHIGAN UNIVERSITY**

We are asking you to complete this form giving your authorization for you to participate in laboratory research at Western Michigan University and to give as permission to obtain treatment for you for minor injury or medical problems.

Participant's Name _____ Birthdate _____
Family _____
Adress _____ Physician _____

Address _____
Phone _____ Phone _____

List any medical problem, allergies or other relevant information of which we should be aware

Western Michigan University is hereby authorized to obtain medical treatment and to incur medical costs necessary to provide me with medical treatment for which I shall be fully responsible.

I acknowledge that there are potential chemical and physical hazards associated with work in chemistry labs. In consideration for being permitted to voluntarily participate in lab research at Western Michigan University, I assume the risks involved in laboratory situation and accept the consequences involved in participation.

I understand that, as a condition of this program, Western Michigan University may require me to participate in a health surveillance program including physical examination and consent to such participation and examination.

I hereby release Western Michigan University, their Board of Trustees and staff from any liability that may result from participation in laboratory research. In the unlikely event that inventions result from participation in the course of the work they will be assigned to Western Michigan University; I disclaim all right therein.

I understand that I will receive no remuneration from Western Michigan University, except as explained in the 'acceptance' letter.

I HAVE READ AND UNDERSTAND THIS ENTIRE AUTHORIZATION AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Signature _____

Date _____

Date Revised: 10/26/11

Approved by the WMU Office of the General Counsel 10/9/07