Office of the
Vice President and
General Counsel

MEMORANDUM

WAYNE STATE UNIVERSITY

TO: Dr. Jennell White, Assistant Professor
Departments of Pharmacology/Pediatrics

FROM: Pamela R. Galloway, Assistant General Counsel **EXT.** 577-2268

SUBJECT: General Release – 2019 Biomedical Career Advancement Program

DATE: March 26, 2019

Pursuant to our recent email request, I have reviewed the General Release for the 2019 Biomedical Career Advancement Program. Attached is a form approved copy. Please review the dates for accuracy. Thank you!

PRG/vr

Attachment

GENERAL RELEASE

Event: Biomedical Career Advancement Program

Dates:

Orientation:	**Saturday June 8, 2019**	**8:00a.m. – 4:00p.m.**
Opening Ceremony:	**Friday, June 21, 2019**	**7:30a.m. – 12:00p.m.**
Research:	**June 24 – August 1, 2019** **Monday – Thursday up to 8hrs/day**	**6:00 a.m. – 5:00 p.m.**
Didactic Days:	**June 28, 2019**	**9:00 a.m. – 5:00 p.m.**
	July 5, 2019	**9:00 a.m. – 5:00 p.m.**
	July 12, 2019	**9:00 a.m. – 5:00 p.m.**
	July 19, 2019	**9:00 a.m. – 5:00 p.m.**
	July 26, 2019	**9:00 a.m. – 5:00 p.m.**
Closing Ceremony:	**Friday, August 2, 2019**	**7:30a.m. – 5:00p.m.**

Location:

All Events:	**Wayne State University**

Participant Name:_____ Date of Birth:_____

I voluntarily permit my child to attend the 6 week Biomedical Career Advancement Program (BCAP) on the dates noted above. The BCAP Event is hosted by Wayne State University on behalf of its School of Medicine, the Detroit Public Schools, the Detroit Medical Center and the Southeast Regional Center Michigan Area Health Education Center. My child (Participant) will participate in activities to become familiar with the biomedical research setting, including weekly basic lab experiments.

In consideration of my child being permitted to participate in the Event(s) and in full recognition and appreciation of the potential dangers and hazards inherent in conducting research laboratory experiments to which my child may be exposed in a research lab, including exposure to liquids, basic chemicals and laboratory equipment, I release, waive, forever discharge, and covenant not to sue Wayne State University nor , its officers, employees and agents ("Releasees"), discharge and hold the Releasees harmless from any and all liability for any harm, injury damage, claims demands, actions, causes of action, costs, and expenses of any nature which my child may have or

which may hereafter accrue to my child, arising out of or related to any loss, damage, or injury that may be sustained by my child or by any property belonging to me or my child, whether caused by the negligence or carelessness of the Releasees, or otherwise, while my child is in, on, upon, or in transit to or from the premises where the Event occurs or is being conducted.

To the best of my knowledge, there are no health related reasons or problems which preclude or restrict my child's participation in the Event(s).

I am the Parent/Guardian of the Participant named above and am fully competent to sign this Release; I have been given a copy of the "Minors in Research Laboratories and Animal Facilities Policy"; and I sign this Release voluntarily with full understanding and intending this to be a legally binding release.

I further authorize Wayne State University and those acting pursuant to their authority to:

1. Record my child's/ward's participation and appearance on video tape, audio tape, film, photograph or any other medium;
2. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which Wayne State University and those acting pursuant to its authority, deem appropriate.

I understand that my child's/ward's name will not be used to identify his or her image in any of the disseminated material. I also understand that Wayne State University will not sell, for profit or otherwise, any of the materials using my child's/ward's photo or image.

In Witness Whereof, I have signed this release this _____ day of _____, 2019.

_____
Signature of Parent or Guardian

_____
Printed Name of Parent or Guardian

_____
Witness Signature

_____
Witness Signature

_____
Witness Printed Name

_____
Witness Printed Name

FORM APPROVED
AG
26 APR 2019
OFFICE OF THE
GENERAL COUNSEL