

Advanced Placement Biology Open Lab Program 2014-2015 Participation Form

Please complete and return to your teacher. Lab Safety Protocol includes wear closed-toe shoes and provided safety glasses and gloves, no food, gum or drink in lab, follow guidelines in handling chemicals, glassware and lab equipment.

PART 1. Student Information

I/My child (name) _____ will participate in an
AP Biology lab with my class at Harvard Medical School on (date) _____

1. Home Street Address _____
City _____ State _____ Zip _____
2. Home Telephone () _____ Email _____
3. Date of Birth (m/d/y) _____
4. Name of Teacher _____
5. Current high school name _____
6. Current school grade _____

Part 2. Family Information-Parent/Guardian

7. Parent/Guardian (Name) _____
8. Street Address _____
City _____ State _____ Zip _____
9. Home Phone () _____ 10. Work/Cell Phone () _____
11. Email _____
12. Emergency contact name _____ Phone _____

Part 3 . Release and Discharge

I hereby release and discharge Harvard Medical School from any and all demands, claims, causes of action or law suits that I or my student may have arising out of or in connection with the foregoing use of his/her likeness or voice or arising out of the preparation, distribution, broadcast or exhibition of educational and promotional materials developed by the AP Biology Lab Program. I give consent for photographs, audio, video, electronic images, quoted statements given by my student, original written materials, artwork and other work created by my student during the course of instruction of my student to be used by the Office for Diversity and Community Partnership for exhibition, public display, publication, publicity materials, advertising, a news media story, video, audio, or other electronic media, such as the Internet, television, CD-ROM, or DVD. I understand that my student's full name may also be used with such display. For the purposes of this release, Harvard Medical School shall be deemed to include its employees, agents, officers and members of its governing boards. I understand that neither my student nor I will receive any compensation or royalties for participating in the Program or for the rights granted by this consent form. I hereby release and discharge Harvard Medical School from all liability, demands, claims, causes of action or law suit that I or my student may have arising out of or connection with any illness or accident that my student may incur while participating in the AP Biology Open Lab Program.

Part 4. Signatures

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

If you have any questions, please contact Robert Simpson (617) 432-1557, or robert_simpson@hms.harvard.edu.

You may also visit our wiki at <http://www.harvardmedk12.wikispaces.net> Thank You.