



PARTICIPATION AGREEMENT FOR MINORS IN DUKE LABORATORIES

In return for Duke University allowing me _____ (“Participant”) to participate in activities in a Duke University laboratory, I/we understand and agree to the following:

1. **Inherent Risks of Workplace:** I/we understand that as the Participant I am entering a professional laboratory workplace and appreciate that risk and dangers are inherent to laboratory work. I/we agree to accept and assume all risks associated with the activities whether present or future, known or unknown, arising from or as a result of, voluntary participation in the activity. Understanding all of the risks involved, I/we hereby elect to voluntarily participate. I/we understand that the Participant is encouraged to discuss with the faculty supervisor any specific hazards in his/her workplace.
2. **Behavior Expectations of Supervisors and Co-workers:** I/we understand that the Participant’s supervisors and co-workers at Duke University are expected to act in a professional, appropriate and responsible manner. I/we understand that this means it is not appropriate for those in the Duke workplace to attempt to engage in any romantic or sexual activity, make romantic or sexual comments, tell sexual jokes or share sexually explicit materials with the Participant. If, at any time, I/we believe the Participant has been abused or engaged in inappropriate interactions, I/we will report it to Duke University Police and the faculty supervisor.
3. **Behavior Expectations of the Participant:** I/we understand that as a participant I also have the responsibility to make the activities a safe experience for myself and others through appropriate behavior and conduct. I/we also understand the danger associated with deviating from directions or procedures. I/we understand and agree not to deviate from any directions or procedures as stipulated by my supervisors at Duke University.
4. **Health Condition of the Participant:** I/we understand and agree that I/we will bear all financial responsibility for any medical treatment arising from participation in activities at Duke University. I/we will obtain and maintain throughout participation coverage under a policy of comprehensive health and accident insurance. Such policy shall provide coverage for injuries and illnesses that the Participant may sustain or experience while participating in activities in any Duke laboratory. Duke shall not provide medical insurance for, or assume financial responsibility for, any injury or illness I may incur while participating in activities in any Duke laboratory.
5. **ASSUMPTION OF RISK, AND PARENTAL CONSENT:**
 In return for Duke University permitting my child to participate in activities in a Duke laboratory, and having read and understood this Agreement, I/we hereby agree to the following:
 - I/we understand and agree that by participating in activities in any Duke laboratory, I/we will assume the risk of injury and damage from risks and dangers that are inherent in any activity.
 - I/we acknowledge and represent that I/we have informed myself fully of the contents of this Agreement by reading it before I/we sign it, and that I/we have reviewed it and understand what it means and that I/we sign this document freely. I/we further state that there are no health-related reasons or problems which preclude or restrict the Participant’s participation in activities in any Duke laboratory.

Participant’s Signature: _____ Date: _____

I am the parent or guardian of the above-named Participant. I have reviewed this Agreement and have discussed it with the Participant and concur with the Participant’s participation in activities in Duke laboratories under the terms of this Agreement.

Parent/Guardian’s Signature: _____ Date: _____

Principle Investigator Signature: _____ Date: _____