

# Science Laboratory Activity Visitor Waiver & Release of Liability Form

**Activity:**

**Dates of Activity:**

Participant information (please print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_ (print name), waive, release and discharge Austin Community College (ACC), its trustees, officers and employees from any claims, demands, costs, causes of action, or damage as a result of property loss or damage, or personal injuries sustained to myself during my participation in science laboratory activities for this course. Furthermore, I intend this waiver and release to be legally binding on my heirs, executors, administrators, estate and assigns. In the event that ACC or any trustees, officers, agents, employees or volunteers of ACC provides transportation for me, this Waiver and Release shall extend to and release any volunteer driver or employee driver from any aforesaid liability.

In the event that I become ill or have any type of accident or other emergency situation concerning my health, safety or well being, I authorize ACC to obtain the services of a licensed physician to treat and administer medication to me. By doing this I release and hold harmless ACC, its trustees, officers and employees, for any liability whatsoever that may result from negligence, nonfeasance or malfeasance that may arise as a result of the emergency and/or treatment.

I, the undersigned, hereby state that I am an adult over the age of eighteen (18) years, and that I am mentally competent to make this release. I will notify ACC in writing if this status changes. Students under 18 must have the signature of a parent or legal guardian on this form. I further state that I am physically able to participate in the science laboratory activities during the semester indicated above.

I have received a copy of the **Safety Rules for Visitors to Science Laboratory Classrooms** and safety procedures for this activity have been explained to me. I agree to follow these safety procedures.

\_\_\_\_\_  
Signature (if under 18, parent or legal guardian must sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (witness must be at least 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness