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Consent and Release Form

Youth Protection

I, the undersigned, parent or guardian of ………, a minor, accept and agree to the following terms and conditions in consideration for my child/ward’s participation in a Harvard University program or activity.

Consent to Participate

I consent to my child/ward participating in the program or activities described below (hereinafter referred to as “the Activity”).

*Program Details Here Placeholder*

Access to Facilities

My child/ward is not a student, employee or affiliate of Harvard University, and my child/ward has not been provided with a Harvard University Identification card or keys to access any type of Harvard University facility.

No Compensation

I understand that the Activity is an educational opportunity. I understand that my child/ward will not receive compensation in any form for their time spent in the Activity. I understand that Harvard University does not make any promise of future employment or compensation at the conclusion of the Acitivty.

Covid-19 Polices and Precautions

I understand and agree that my child/ward must comply with any and all policies and programs that Harvard University has developed and implemented to safeguard the health and safety of all Program participants in light of COVID-19, including but not limited to the following:

1. Program participants must be fully vaccinated for COVID-19 and have received all boosters for which they are eligible. Vaccines and boosters must be FDA or WHO authorized.
2. Program participants may be required to enroll and participate in Harvard University’s COVID-19 testing program, and I and my child/ward agree that we will take any necessary steps and complete and sign any required forms to participate in the testing program.
3. Program participants must comply with any applicable masking requirements imposed by Harvard University. Please consult with your Program Administrator to understand what rules may be in place at the time of your arrival to campus.
4. Eating and meals may be restricted to designated areas.

Health and Safety Risks

I understand and have explained to my child/ward the following: 1) The Activity may be dangerous, may involve travel, and Harvard University cannot guarantee the safety of my child/ward. 2) The Activity and associated facilities may involve/contain hazardous substances and/or equipment and my child/ward may be subject to potential risks that could result in illnesses or injury. 3) My child/ward must take every precaution necessary to protect their health and safety, and the health and safety of others. 4) My child/ward must acquaint themselves with and conduct their activities in accordance with all safety rules and safe operational procedures. 5) My child/ward may be required to attend laboratory safety training and may also be required to attend additional training sessions, depending on the nature of the Activity. 6) My child/ward may be required to strictly adhere to laboratory-specific requirements concerning Personal Protective Equipment (“PPE”). My child/ward and I understand these risks and responsibilities and assume them knowingly and willingly.

No Medical Coverage

I understand that if my child/ward is injured as a result of participating in the Activity at Harvard University, they are not covered by Harvard University insurance of any kind. It will be my responsibility to pay for emergency room care, doctors’ services, hospitalization, and any other related costs, medical or non-medical. My child/ward will not be eligible to participate in Harvard University’s health, disability or life insurance programs. Furthermore, my child/ward is not eligible for workers’ compensation in the event of injury.

Physical Condition

My child/ward is physically and mentally capable of participating and has no known health or other restrictions that might jeopardize their health or safety or the health and safety of others during their participation in the Activity.

Consent to Medical Care

I give permission for Harvard University or its representative to provide or seek immediate and reasonable emergency care should it be required. I agree to hold harmless and indemnify Harvard University and its representatives from any claims, cause of action, damages and/or liabilities arising out of or resulting from said medical treatment or emergency care.

Appropriate Conduct

My child/ward agrees to observe all applicable governmental, Harvard University and departmental policies, rules and regulations that pertain to their conduct while participating in the Activity. I agree that Harvard University representatives may require my child/ward to withdraw from the Activity if they believe that my child/ward has violated a policy, rule or regulation or if they believe that my child/ward’s conduct is inappropriate.

Confidentiality

My child/ward and I agree not to disclose or to use, directly or indirectly, any proprietary or confidential research, data, trade secrets or other similar information of which we may become aware of as a result of my child/ward’s activities.

Assumption of Risk and Release of Claims

Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities on account of, or in any way arising out of, directly or indirectly, my child/ward’s participation in the Activity. To the maximum extent permitted by law, I release, acquit, discharge, and covenant to hold harmless and agree to indemnify Harvard University, its officers, directors, faculty, staff, representatives, volunteers, employees and agents, from and against any present or future actions, causes of action, demands, judgments, claim, loss or liability for injury to person or property, real or personal, which my child/ward may suffer, or for which my child/ward may be liable to any other person, during the Activity, resulting from any cause including but not limited to negligence (except for fraud, willful misconduct or violation of law) by Harvard University, its directors, officers, faculty, staff, representatives, volunteers, employees or agents.

I have carefully read this Consent and Release form before signing it. I execute it voluntarily and with full knowledge of its significance. This agreement shall be governed by the laws of the Commonwealth of Massachusetts (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement. I agree that in the event that any clause or provision of this agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause of provision shall not otherwise affect the remaining provisions of this agreement which shall continue to be enforceable.

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

Name of Minor (print)

Signature of Minor

Date

*Emergency Contact Information here*

*Placeholder*

Audio/Visual Release

I authorize Harvard University to photograph, audio and/or video record my child/ward during the Activity and use or distribute any picture, audio or video recording related to the Activity in which my child/ward is depicted without limitation. Harvard University is further granted permission to use such materials for educational fund-raising, promotional or other purposes worldwide and in perpetuity. I agree that Harvard University is the sole and exclusive owner of the materials and that no renumeration shall be payable in connection with Harvard’s use of the materials. I agree that Harvard University will be held harmless from any liability that may arise regarding the production, use, and distribution of such materials described herein, and I release Harvard University from any claims relating to the rights granted above.

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

Name of Minor (print)

Signature of Minor

Date

Update: May 3, 2020 to add Covid-19 Polices and Precautions section