SOLANO COMMUNITY COLLEGE DISTRICT
AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK

NAME: _____ COURSE: _____ INSTRUCTOR'S NAME: _____

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this form is necessary in order to participate in this science laboratory or activity. I understand my decision to take this class and/or laboratory is optional and voluntary. This document cannot be altered or modified by any verbal or written statements.

I am aware that participating in this Solano Community College District (DISTRICT) science laboratory and/or activity can involve MANY RISKS OF INJURY including, but not limited to, property damage, bodily injury, personal injury and death.

In consideration of the DISTRICT permitting me to participate in the Chemistry science laboratory and/or activity, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees, volunteers, colleges, campuses, centers, governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability (whether based on negligence or otherwise) for injuries (including death) and damages arising out of or in any way related to this science laboratory.

I understand that this science laboratory may involve an excursion or field trip as defined by California Code of Regulations, Section 55220 that Section states in part:

"All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of minor students taking out-of-state field trips or excursions shall sign a statement waiving such claims."

By signing this Agreement, I hereby waive all such claims.

I understand and agree to accept all the rules and requirements of this science laboratory, including safety rules and instructions given by the supervisory personnel. I understand, and agree, and grant to the DISTRICT the right to terminate my participation in the class within the DISTRICT's or DISTRICT employee's sole discretion. If applicable, I understand and agree that any costs associated with any transportation shall be at my personal expense.

I consent to the DISTRICT providing emergency health assistance if it is determined necessary and further consent to the DISTRICT notifying the emergency contact (listed below) and agree that this liability release and assumption of risk agreement applies to any of the DISTRICT's actions in this regard.

This agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this agreement.

The following person should be contacted in case of an emergency: (please print)

_____

Name Telephone No. Relationship

I/we, the undersigned, have read this agreement and understand that it is a release of all claims and that i/we are voluntarily assuming all risks and waiving any and all claims arising out of or in any way related to this activity and/or science laboratory/class. I/we agree that no oral representations, promises, or inducements, not expressly contained herein have been made and that this document constitutes the entire agreement pertaining to the subject matter contained herein.

_____

SIGNATURE Date

If participant is under 18, parent or guardian must sign.

_____

PARENT OR GUARDIAN Date

Laboratory Safety Rules Agreement

Safety Rules

It is every student's responsibility to create a safe laboratory environment. Failure to observe all laboratory safety rules and procedures can lead to injury to one's self or fellow students. You may also be asked to leave the laboratory if you do not follow all laboratory safety rules and procedures. By signing this agreement, you agree to do the following:

1. Never work in the laboratory alone.
2. Always wear approved safety goggles while in the laboratory. If you need to remove the goggles, leave the laboratory first.
3. Only perform the scheduled laboratory activity. Do not perform work that is not directly related to the laboratory activity.
4. Never leave open flames (e.g., lit Bunsen burners) unattended.
5. Avoid getting chemicals on your skin or clothing. Gloves are provided to protect your hands.
6. Do not consume or store food or drink inside the laboratory.
7. Confine long hair and loose clothing.
8. Always wear appropriate clothing. This includes closed-toe shoes, socks, and clothing that covers the entire leg. Shirts must have at least short sleeves. Long sleeves are strongly encouraged. A lab coat is recommended.
9. Become familiar with the location and proper use of all safety equipment in the laboratory. This includes the eyewash station, safety shower, fire extinguisher, chemical-spill kit, and phone.
10. Know how to exit the laboratory safely, especially in the event of an emergency.
11. Report all accidents to the instructor immediately.
12. Read and understand the Laboratory Safety section of the lab manual as well as any additional safety information provided by the instructor.
13. Take responsibility for keeping the entire laboratory clean. This includes cleaning up your laboratory station at the completion of each activity.

I have read and understand the entire Laboratory Safety section of the lab manual. I agree to follow all of the rules contained in the Safety Agreement Rules.

Student Name (printed) _____

Student Name (signature) _____

Date _____