



**SHORT TERM VISITORS/ INDEPENDENT CONTRACTORS / MINORS /VOLUNTEERS:
WAIVER OF PARTICIPATION IN THE MEDICAL SCIENCES CAMPUS
ANIMAL EXPOSURE SURVEILANCE PROGRAM**

I am a (check all that apply) Visitor Minor Volunteer

I wish to be present in University of Puerto Rico (UPR), Medical Sciences Campus (MSC) animal facilities/laboratories for the purpose of observing animal procedures or education activities that have been approved by the MSC Institutional Animal Care and Use Committee (IACUC) or to visit the animal facility. This activity will not involve work with non-human primates, work in a BSL-2 or BSL-3 research facility, or other high risk activity as determined by the facility manager, the attending veterinarian or the Principal Investigator (PI).

I am an independent contractor who will be doing a specific duty at an animal facility/laboratory. The duty will not involve work with non-human primates, work in a BSL-2 or BSL-3 research facility, or other high risk activity as determined by the facility manager, the attending veterinarian or the Principal Investigator (PI).

I understand that I may participate in the MSC Animal Exposure Surveillance Program (MSC AESP) which entails completing a medical health screening questionnaire and be evaluated by the Occupational Health Clinic. If I decide to participate in the MSC AESP the required medical health screening will be done by my health care provider and he/she will provide written medical assurance that I can be exposed to animals.

I further understand that, as someone who is not a MSC employee or student, I may waive participation in the MSC AESP by completing this form.

I acknowledge that by observing or working with animals during my visit to the MSC, I may be exposed to certain health risks that could damage my health. These risks include but are not limited to: exposure to infectious and biological agents, chemical agents, allergens, possible animal bites, scratches, needlesticks or other injuries. Exposure to such agents may cause eye irritation, cough, sore throat, shortness of breath, fever, rash, gastrointestinal, neurologic symptoms and other infections or diseases.

I understand that further information about occupational health risks is available at my request and will be provided by the facility manager, the attending veterinarian or the PI.

RELEASE

I acknowledge the risks associated with observing animal procedures or education activities in the MSC animal facilities/laboratories and I choose to engage in these activities while at the same time waiving participation in the MSC Animal Exposure Surveillance Program. I release the MSC and its officers, employees, agents and representatives (hereafter "the University") from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur while observing animal procedures or education activities in University facilities. This release applies even if my injury or loss arises from negligence by the University. It does not apply to injury or loss caused by recklessness or intentional misconduct of the University.

Participant Name (please print)

MSC Facility Manager, if applicable (please print)

Purpose of Visit/Activity

MSC Host (PI), if applicable (please print)

Date(s)/Duration of Visit/Activity

Protocol Number (if applicable)

Institutional/Company Affiliation

Date: _____

Participant Address: _____

E-mail address: _____

Phone Number: _____ **Date** _____

Participant Signature: _____

MSC Facility Manager Signature **Date** _____

Host (PI) Signature **Date** _____

NOTICE FOR MINORS

Participants under 18 years of age must have this agreement co-signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the University and its officers, employees, agents and representatives (hereafter "the University") from any and all liabilities incident to my minor child's involvement as a Participant, EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, but not from recklessness or intentional misconduct of the University.

Parent/Guardian Name (*please print*) : _____

Address: _____

Phone Number: _____ **Date:** _____

Parent/Guardian Signature: _____

Return signed waiver to the PI or the Animal Facility.

Reviewed by the MSC Legal Advisor Office on April 11, 2013

Approved by IACUC on April 13, 2013