Clemson University

Parental Consent & Release of Liability

Life Sciences Outreach Center (SC DNA Learning Center)

I, _____, am the parent and/or legal guardian of
(print full name of parent or legal guardian)

_____, a minor child under the age of 18 years. I would like to have
(print full name of child)

my child participate in the Life Sciences Outreach Center at Clemson University, along with his/her class from:

_____.
(print name of school/group/camp)

In consideration for my child being allowed to participate in the activities of the Life Sciences Outreach Center, I, the undersigned, acknowledge, appreciate and agree that:

1. The program at the Life Sciences Outreach Center affords my child the opportunity to participate in indoor activities, that may include but are not limited to: handling living insects, plants, crustaceans, and other animals; handling K-12 *E. coli*, a laboratory strain that is not associated with diseases in healthy human adults (per NIH, 2001); laboratory experiments, presentations, tours; food preparation; hands-on learning activities on the university campus and facilities. I understand that there may be inherent risks associated with these activities, including but not limited to allergic reactions, insect or animal bites, scratches and/or pinches, burns, and physical injury. I choose to voluntarily allow my child to participate in this program.
2. I know of no medical reason why my child should not participate.
3. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in the program, whether caused by negligence of the University, its Board of Trustees, officers, agents, employees or representatives of otherwise. I also agree to indemnify and hold harmless the University for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this Program.

I have carefully read this permission and release of liability form and have had sufficient time to seek explanation of the provisions contained above.

_____ _____
Signature of Parent/Guardian Date

*In the alternative, I, _____, **am 18 years of age** and hereby agree to the terms and conditions listed above in consideration for my participation in the Life Sciences Outreach Center.*

_____
Signature of Participant over 18 years of age

Life Sciences Outreach Center – Clemson University
132 Long Hall, Clemson, SC 29634
www.clemson.edu/cafls/culsoc - vcorbin@clemson.edu - 864/656-3013

over ➔

Consent for DNA Isolation

Your child may have the opportunity to isolate his/her own DNA and analyze a portion of it while visiting the Life Sciences Outreach Center. These projects will be explained clearly beforehand to your child and he or she will be given the option to refrain from participating.

The project consists of collecting DNA samples isolated from cheek cells that are normally present in your child's saliva. Your child will swish his/her mouth with a saline solution and spit the sample into a cup. Alternatively, your child may extract DNA from strands of hair that they remove themselves.

The DNA samples will be amplified and examined for one or more DNA markers that usually vary from person to person. In one lab, the DNA marker correlates with the ability to taste a bitter flavor. In all other labs performed on this day, the DNA markers do not correlate with any known physical trait or characteristic or health. All student DNA samples will be destroyed after their visit, except the samples they take home themselves in a DNA necklace.

Please sign below to provide authorization for your child to participate in this project. All students must present a signed permission slip before taking part in this project at the Life Sciences Outreach Center.

_____ _____

Parent/Guardian Signature Date

Photo release

The Life Sciences Outreach Center (CULSOC) generates posters, flyers, and other publicity to increase public awareness of the CULSOC and to let our sponsors know about its programming successes. The use of photos we take during your child's visit here on campus is part of the publicity effort that helps the program continue forward.

Please consider helping us in this effort by granting permission for the CULSOC to take and use: photographs, videotape, recordings, and/or digital images of your child for use in promotional or educational materials pertinent to the CULSOC as follows: printed publications or materials, electronic/audio publications, social media or presentations, or on the Life Sciences Outreach Center, www.clemson.edu/cafls/culsoc. Your child's name and identity will not be revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, recordings and videotape shall be the property of the Life Sciences Outreach Center,

_____ _____

Please print Student's name Please print name of school

_____ _____

Parent/Guardian Signature Date