



## **BIOSAFETY LEVEL 3 (BSL-3) FACILITY VISITOR LIABILITY RELEASE AND ENROLLMENT IN/WAIVER OF PARTICIPATION IN UNIVERSITY OF MINNESOTA BSL-3 MEDICAL SURVEILLANCE PROGRAM**

I wish to be present in University of Minnesota (University) Biosafety Level 3 (BSL-3) facilities as a Visitor (someone who is not a University employee or student) for the purpose of observing or conducting approved BSL-3 research, education activities, or service/maintenance of the facilities, access to which is to be granted by the BSL-3 Program.

I acknowledge that by observing or working in a BSL-3 facility during my visit to the University of Minnesota, I may be exposed to certain health risks that could damage my health. These risks **may** include but are not limited to: exposure to infectious and biological agents, recombinant or synthetic nucleic acid molecules, biological toxins, nanoparticles, chemical agents, radiation, allergens, animal bites, scratches, needle sticks, 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. Further information about occupational health risks is available at my request by contacting the University Health and Safety: Biosafety and Occupational Health Department (BOHD) at 612-626-5008 or [uohs@umn.edu](mailto:uohs@umn.edu). **NOTE: Hazards and risk communication regarding facility -specific hazards and risks will be provided at the time of the visit.**

***Check box if understood***

I understand that as a Visitor, I may participate in the University's BSL-3 Medical Surveillance Program, which entails completing a medical questionnaire, obtaining vaccinations and screenings if needed, obtaining respirator clearance and fit-testing where required, completing required training, and using personal protective equipment as required by the facility.

***Check box if understood***

I further understand that as a Visitor, I may waive participation in the University BSL-3 Medical Surveillance Program by completing this form. I also understand I must follow the medical surveillance options and/or requirements listed below:

- If my visit is less than five days, I may waive participation in the University's BSL-3 Medical Surveillance Program by completing this form.
- If my visit is longer than 5 days and less than 90 days and I wish to waive participation in the BSL-3 Medical Surveillance Program, I understand that I also must certify that I am enrolled in a comparable medical surveillance program associated with BSL-3 research at my home institution.
- If my visit is longer than 90 days, or I am working with non-human primates, I must enroll in the University's Medical Surveillance Program.

***Check box if understood***

I understand that final approval for Visitor access to the University BSL-3 facilities will be at the discretion of the BSL-3 Program.

***Check box if understood***



**RELEASE**

I acknowledge the risks associated with observing or conducting BSL-3 research, education, or service/maintenance activities in University facilities and I choose to engage in these activities by *checking the applicable Medical Surveillance Program options below for the visit:*

**Medical Surveillance Program enrollment optional:**

<input type="checkbox"/> Visit less than 5 days	<input type="checkbox"/> Currently enrolled in the University's Program <input type="checkbox"/> Waiving participation in the University's Program
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**Medical Surveillance Program enrollment required:**

<input type="checkbox"/> Visit from 5 to 90 days	<input type="checkbox"/> Currently enrolled in the University's Program <input type="checkbox"/> Currently enrolled in a BSL-3 equivalent program at home institution ( <i>add information on signature page</i> )
<input type="checkbox"/> Visit over 90 days or, <input type="checkbox"/> Visit involving non-human primate research	<input type="checkbox"/> Currently Enrolled in the University's Program

I release the University and its officers, employees, agents, and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur while observing or conducting BSL-3 research, education, or service/maintenance activities in University facilities. This release applies even if my injury or loss arises from ordinary negligence by the University. It does not apply to injury or loss caused by intentional misconduct or willful and wanton negligence of the University.

Participant Name (*please print*)

UMN Principal Investigator or Host

Purpose of Visit/Activity at UMN

Principal Investigator or Host's Signature

Date(s)/Duration of Visit/Activity

Protocol Number (*if applicable*)

Institutional/Company Affiliation

Occ. Health Program where you are enrolled

(*Required if waiving participation and visit is longer than 5 days*)

Participant Signature:

Date:

Address:

Phone Number:



**NOTICE FOR VISITORS AND NON-UNIVERSITY PERSONNEL WHO ARE 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, 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**

**By:** \_\_\_\_\_  
*(Parent/Guardian Signature)*

**Name** (please print): \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_