

**VISITORS AND NON-UNIVERSITY PERSONNEL 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) facilities for the purpose of observing or conducting approved Biosafety Level 3 (BSL-3) research, education activities, or service/maintenance of the facilities, access to which is to be granted by the BSL-3 Program. My participation in these activities will last 90 days or less and will not involve work with non-human primates.

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

I further understand that as someone who is not a University employee or student, I may waive participation in the University 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 I must enroll in the University's Medical Surveillance 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 and 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. **NOTE: Hazard communication regarding specific hazards in a facility will be provided at the time of the visit.**

I understand that 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.

**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 while at the same time enrolling in waiving participation in the University's BSL-3 Medical Surveillance 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)*

**By:** \_\_\_\_\_  
(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 Number:** \_\_\_\_\_

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