

Research Shadowing Program Release and Participation Agreement

Observational student/individual expectations:

This is an observational program granting a student/individual permission to discuss careers in the field of biomedical science, biotechnology, and engineering. After observing scientists in the research environment (at Sanford Research) and hearing from professionals from various industries in our regions, the student/individual should acquire a better understanding of the essential functions/job responsibilities required to be a professional researcher/scientist. This is not intended to be a training program, but to provide the student/individual with the experience of what it feels like to work in a biomedical research setting.

As an observational student/individual, I agree:

- To be on time;
- To act professional and respectful;
- To not enter the laboratory area without the attendance of a member of the Sanford Research staff;
- To hold Sanford or a related entity, or any of its directors, officers, employees or agents harmless in the event of an incident, injury or illness;
- That I will not be entitled to worker's compensation benefits in the event of an incident, injury or illness that may arise during or as a result of this observation experience;
- To adhere to Sanford policies and procedures;
- To follow Sanford dress code during my experience by not wearing shorts, short skirts, sandals or open-toed shoes, flip-flops, tank tops, bare mid-drift shirts, etc.;
- To follow the instructions of the scientist at all times;
- To observe only and to not touch anything in the laboratory areas; and
- To participate in the completion of a written evaluation of my observation experience.

As an observational student/individual, I understand that:

- The research laboratory area contains potential chemical and/or biohazards;
- I have not been trained or authorized to handle these chemical and/or biohazards; I must wear appropriate personal protective equipment while in the research laboratory area to prevent potential injury;
- If I need to have emergency medical care, Sanford is not responsible for the costs associated with said emergency medical care, follow-up care or hospitalization;
- What I see and hear during my observational/shadowing experience is CONFIDENTIAL and is not to be discussed outside of my observational/shadowing experience;
- Sanford is not responsible for lost or stolen personal belongings and recommends not bringing valuables to the experience;
- I will be required to wear a name badge at all times while at Sanford; and

- Sanford may take immediate corrective action in any situation in which my behavior and/or performance adversely affect the best interests of the research facility and its staff. This may include, but is not limited to, my removal from the facility and the experience.

Participant:

By signing the application, I have read and understand the above conditions and agree to comply with all stated rules and regulations. By signing the application, I likewise hereby grant Sanford permission to my likeness in photograph(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, related to the Sanford PROMISE Program.

Parent/Guardian (if participant is younger than 18 years old):

I acknowledge that I have read this Release and Participation Agreement, that I understand the contents thereof, and that I execute the same as a free and knowing act and as the parent or legal guardian of the Participant. I hereby consent to my child's participation in the Sanford PROMISE Science Discovery Day and agree to release and waive Sanford, all its affiliates and all of its respective officers, directors, employees, or agents, and all other entities supporting or operating the above-stated activities, from any and all liability, including but not limited to, personal injury and property damage, that may arise directly or indirectly in connection with my child's participation. I further agree to assume any and all risks directly or indirectly connected with my child's participation in the aforementioned activities. By signing the application, I likewise hereby grant Sanford permission to use my child's likeness in photograph(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, related to the Sanford PROMISE Program.