**Parental Assumption of Risk Certificate**

Your child or legal ward eligible to participate in the following activity at James Madison University: research project with . Participation in the activity is entirely voluntary, and participants may withdraw from the activity at any time. In determining whether your child will participate in the activity, you should be aware that James Madison University cannot undertake financial responsibility for your child in the event that your child is injured or becomes ill while participating in the activity, nor can it assume any legal responsibility for harm your child may cause because of participation in the activity.

In consideration of the university's permitting your child's participation in the activity, you must agree to assume the risks known to be inherent in the activity, as well as any unforeseeable risks. The known risks inherent in the activity are:

(LIST ALL KNOW RISK IN AS MUCH DETAIL AS POSSIBLE )

As is the case with many other activities in which your child may engage, you should determine whether you or your family have health or accident insurance in effect to adequately cover your child should he or she be injured or become ill while participating in this activity.

***I have read and understand the foregoing explanation of the risk inherent in allowing my child to participate in the activity. I am at least eighteen years of age, and it is my decision to allow my child to participate in the activity.*** I hereby accept the risk of injury to my child as a result of participation in the activity, and, as further consideration for its permitting my child to participate in the activity, I hereby release James Madison University from any and all claims which I or my child may have against it for loss or damage to property resulting from my child's participation in the activity. I understand that if I have any question about the foregoing at any time in the future, I must contact Dr. Joanna Mott, Department Head who has sole authority in this matter.

**Lab room number:**

**Faculty Name: Signature: Date:**

**(printed)**

**Full Name of Minor:**

**(printed)**

Full Name of Parent or Legal Guardian:

**(printed)**

Contact information: Phone: Email:

**Signature of Parent or Legal Guardian**:

Name of Witness: Signature: Date: