

Minor Research Student Parental/Legal Guardian Consent Form
Parental/Legal Guardian Authorization for a Minor to Work in a LHMC Laboratory Area

I, _____, authorize my child, _____ to participate in Lahey Hospital & Medical Center's Certificate Program in Medical Research. I attest that my child will be at least 16 years of age at the time of his/her start date. I understand that my child will be committing to 20-30 hours of participation each week and will be expected to complete the program if chosen.

I acknowledge that my child **may** be exposed to or work with biological agents, chemicals, controlled substances, lasers, and research equipment in a research laboratory depending on the project he/she is working on. I understand that my child is required to be supervised by a laboratory manager or member of the LHMC faculty at all times while in a research lab. I understand that my child will be required to complete the research safety training and any other training deemed appropriate for the work they will perform. I also understand that even with education and training, there are still potential risks associated with working in a research laboratory area.

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned child. By signing below, I acknowledge that I am aware of these risks, and in consideration of my child's participation, I, on behalf of myself, my child, our heirs, executors and administrators, release and hold harmless Lahey Clinic, Inc., its employees, and its agents, from any and all liability. I specifically release and waive any and all liabilities and claims against Lahey Clinic, Inc., its employees, and its agents, including but not limited to any liabilities or claims for bodily injury, property damage, monetary damages, court costs, and/or attorneys' fees arising out of or related to my child engaging in research work and any activities incidental thereto. I understand that this waiver is governed by Massachusetts law and it is intended to be as broad and inclusive as permitted by the laws of Massachusetts.

Participant's Signature: _____

Date: _____

Parent/ Legal Guardian's Signature: _____

Date: _____