



Student/Volunteer Release Form/ Affidavit of Supervision

PART A: To Be Completed by Student/Volunteer

Student/Volunteer Name*: _____

Address: _____

Telephone #: _____

SS#: XXX-XX-_____

1. I, _____ am working/volunteering in _____
Print Name Department

at Albert Einstein College of Medicine. In this capacity my duties may include but may not be limited to

2. I hereby release from liability and hold harmless, the Albert Einstein College of Medicine, and their trustees, officers, employees, faculty, students and agents from and against any claims damages, suits costs, or expenses I may have for any injury relating to or arising out of my service as student/volunteer in the

_____ laboratory at Albert Einstein College of Medicine.

*If the student/volunteer is under 18 years of age, he/she is considered a minor and a parent, or guardian must sign.

PART B: To Be Completed By Department

We will ensure that the student/volunteer _____, who will be working or training in our laboratory from _____ to _____, will receive safety orientation and will be under supervision while at work in our laboratories.

Name of Lab Director

Signature of Lab Director

Date

Name of Student/Volunteer

Signature of Student/Volunteer

Date

Date of Birth of minor Student/Volunteer

Signature of Parent or Guardian

Date