NOTIFICATION OF USE OF HUMAN BLOOD PRODUCTS
RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

2019 SUMMER FORENSICS ACADEMIES

This course uses small volumes (less than 500 ul) of human blood in a mock crime scene setting. The blood was collected in a FDA licensed facility and pathogen tested according to FDA guidelines for the following: HBsAG, Anti-HCV, Anti-HIV-1/1, HIV-1 RNA, HBV DNA, HCV RNA, Syphilis. Reference: http://www.zen-bio.com/products/serum/human-blood-products.php

To ensure safe use of human blood products, students will be required to double-glove and wear safety googles and masks while collecting and processing evidence containing human blood products and other biological materials. The gloves, masks and safety goggles will be provided for the mock crime scene evidence collection exercise.

Questions or concerns regarding the use of human blood products in this course should be directed to Dr. Drew Reams at 916-278-7678 or 916-530-219-3485.

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I am the parent or legal guardian of the minor child ______________________________. In consideration of my child’s participation in this Summer Academies Forensic class (the "class"), I agree that the University shall not be responsible for any injury or illness which may directly or indirectly result from the use of human blood products and other biological materials. I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis or death), illness, damages, or economic or emotional loss that I may suffer because of my participation in this Activity, including travel to and from the Activity.

My above-named child is voluntarily participating in this activity. I am aware that there are risks associated with the activity which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my child’s or another’s actions, inaction, or negligence; or the condition of the Activity locations(s). Nonetheless, I assume all related risks, both known or unknown to me, of my child’s participation in this Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my child’s participation in this Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I will be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I understand that this document is written to be as broad and inclusive as legally permitted by the laws of the State of California and that if any portion hereof is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be Sacramento County, California.

Signature of parent or guardian ___________________________________________ Date: __________