

KSU CPM Laboratory Visitor Guidelines and Waiver

Access to all CPM laboratories is limited to employees (faculty and staff) as warranted by their job duties. Access to students is limited to those students registered for the class or students who are teaching assistants.

Non-employees seeking special permission to access a CPM laboratory must request permission in writing from either the Course Coordinator for the laboratory (Anatomy, Histology, Microbiology), the Preclinical Science Division Head, or the Laboratory Manager. Those individuals currently are: Dr. Wright, Dr. Belovich, Dr. Landers, Dr. Siesel, Joanne Eble, or Maria Sevilla. The request must be submitted at least one (1) week prior to the requested visit. The request must contain the name(s) of the visitor(s), the day, date, and time of the visit, the name of the escort, purpose for the visit, and the expected duration of the laboratory visit.

All visitors granted permission must sign in at the front desk as a visitor and obtain a visitor's badge. They must be escorted to and from the laboratory and the escort (whether student, faculty, or staff) must be with the visitor at all times. Escorts and guest(s) must follow all protocols (e.g. no eating or drinking in the lab, no photography, no removal of any items, etc.) in place for the lab they are visiting.

When visiting the anatomy lab, if any cadavers are opened for view escorts must spray and cover them when finished. If you and your guest(s) stay in the lab for any extended period of time the escort must provide their guest(s) (at their cost) with proper clothing and gloves.

Individuals under the age of 18 are never permitted in any CPM laboratory.

Individuals visiting CPM laboratories will sign a waiver of liability signifying that they assume all safety, health, and legal liabilities.

Approved by the Dean: November 13, 2015

KSU CPM Laboratory Volunteer Tutoring Guidelines and Waiver

Non-employees wishing to provide students with tutoring on evenings and weekends must first seek permission from one of the following individuals: Course Coordinator for the laboratory course (Anatomy, Histology, Microbiology) and/or the Preclinical Science Division Head. Those individuals currently are: Dr. Wright, Dr. Belovich, Dr. Landers, Dr. Siesel, Joanne Eble).

The volunteer tutoring request must be sent in writing, prior to the date for the first tutoring session.

The tutoring request must include the name of the individual, a curriculum vita, and a schedule of the tutoring sessions being offered. The schedule must also include dates and times for each session. Permission will be granted on a case by case basis. All tutoring sessions will be open to all students enrolled in the course.

Volunteer tutoring sessions will be reviewed after each semesters and if warranted will be extended into the next semester when the course is offered.

Volunteers tutoring in laboratories assume all safety, health, and legal liabilities.

Approved by the Dean: November 13, 2015

**KENT STATE UNIVERSITY
USE OF UNIVERSITY FACILITIES
HOLD HARMLESS AGREEMENT AND RELEASE**

I, _____, the undersigned, am 18 years of age or older and therefore an adult according to the law of the state of Ohio, and have entered into an agreement for the use of certain facilities at Kent State University ("University"), specifically _____ (herein referred to as "facility") from _____ [starting date] to _____ [ending date], for the event _____ [name of event].

I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the facility and of the University as they are posted at the facility, made available to me at www.kent.edu, and/or by other means.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in my participation, which could also include the loss of life, serious loss of limb, or loss of property. My use of University property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and I use such facility at my own risk. I agree to utilize all available safety measures including following the advanced safety training, and wearing all necessary protective gear

I understand that any University personnel or agents that may be participating are not necessarily medically trained to care for any physical or medical problems that may occur during this class. I further understand that the University does not carry medical or liability insurance for me while I am at the University. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur.

NOW, THEREFORE, in consideration for receiving permission to use the facility, I agree to indemnify and hold Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my use of the facility, even if due to the negligence of Kent State University or any person serving in the above-identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions and that I am giving up substantial rights including my right to sue. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I acknowledge that I am signing the agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant Signature

Date:

Witness Signature

Date: