KSUCPM Laboratory Visitor Policy

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 and/or tutors.

Access to contractors is through the CPM Senior Facilities Manager. Other non-employees seeking special permission to access a CPM laboratory must request permission in writing from one of the following individuals: course coordinators for courses that use the laboratory (Human Anatomy, Lower Extremity Anatomy and Microbiology & Immunology), Division Head of Preclinical Sciences or CPM Dean. 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 CPM 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 laboratory, no photography, no removal of any items, etc.) in place for the laboratory they are visiting.

When visiting the anatomy laboratory, visitors are generally restricted to the entry hallway and should not enter the open laboratory space. If entry into the laboratory space is necessary, permission must be obtained from the coordinator for the course that is ongoing at the time (Human Anatomy during the fall semester, Lower Extremity Anatomy during the spring semester). If you and your guest(s) stay in the laboratory 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 not permitted in any CPM laboratory unless they are participating in a program conducted through the CPM Office of Enrollment Management.

In general, individuals visiting CPM laboratories will sign a waiver of liability signifying that they assume all safety, health, and legal liabilities. Individuals who visit the laboratories as part of a tour of CPM are not required to sign a waiver. These visitors should enter only far enough to view the laboratory space. They should not touch anything in the laboratory, nor should they approach any laboratory tables that hold laboratory materials (cadavers, petri dishes, etc.).

Approved by the CPM Dean: May 14, 2026

Request for Permission to Access a CPM Laboratory

Must be submitted at least one (1) week prior to the requested visit

Escort Name: _____

Visitor/Group Name: _____

If applicable, number of visitors in group: _____

Lab to be Visited: _____

Date of Visit: _____

Time of Visit: _____

Duration of Visit: _____

Purpose of Visit: _____

_____

_____

☐ I confirm that the visitor(s) is (are) 18 years of age or older, unless they are participating in a program conducted by the CPM Office of Enrollment Management.

☐ I confirm that I will be present with the visitor(s) at all times.

☐ I confirm that the visitor(s) and I will adhere to all laboratory protocols.

☐ I confirm that the visitor(s) and I will adhere to the KSUCPM Laboratory Visitor policy.

_____ _____

Escort Signature Date

****

CPM Representative:

Name: _____

Select one:

☐ Approve request ☐ Deny request

Comments: _____

_____

_____ _____

CPM Representative's Signature Date

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: