

***James Graham Brown Cancer Center
Summer Research Internship Program 2012***

Consent and Release Form

I, _____, hereby consent to participate in the James Graham Brown Cancer Center Summer Research Internship Program at the James Graham Brown Cancer Center / Clinical and Translational Research Building, University of Louisville for a period not to exceed June 1, 2012 through August 31, 2012. Should the project exceed this time period a new Consent and Release Form will be executed.

I understand that I will be exposed to medical laboratory facilities, and that this may include potential exposure to caustic or other potentially harmful substances. Although this Program will be under the supervision of University of Louisville researchers, who will instruct me concerning the safe use of laboratory facilities and supplies, there is no assurance that I will not be exposed to a potentially harmful substance. Notwithstanding the foregoing, this Program is not intended to expose me to substances that are unreasonably dangerous for individuals of my age and experience.

Therefore, in consideration of the educational benefits of this Program, I hereby release the University of Louisville, James Graham Brown Cancer Center and its employees and agents from any claims for injuries of any nature, mental or physical, resulting from my participation in this program.

In witness whereof, I have executed this consent and release on this, the _____ day of _____, 2012.

Applicant Signature

Printed Name

Name of Person to Contact In Case of Emergency

Contact Phone Number