

**FORM F -- RELEASE AND CONFIDENTIALITY AGREEMENT FOR LABORATORY VOLUNTEERS 16-17 YEARS OF AGE**

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, I certify that I am the Legal Representative of

\_\_\_\_\_, hereinafter (“Minor”), of \_\_\_\_\_, \_\_\_\_\_, and I have  
(Minor’s Name) (Home Town) (State)

full authority to and do give permission for Minor to participate in a laboratory volunteer activity (hereinafter the “Program”), to be held at the University of Oklahoma (hereinafter the “University”).

**Program Rules.** Parent/Guardian and Minor acknowledge that Minor is taking part in Program activities of Minor’s own free will and own initiative. Program activities may include laboratory bench research activities and/or clinical research activities.

Parent/Guardian and Minor acknowledge that they have read the University’s rules stated herein or as otherwise advised at the time of Program, and as published on the University’s websites, <http://ouhsc.edu/provost/FacultyHandbook.asp>, \_\_\_\_\_, <http://www.admissions.ouhsc.edu/handbook/StudentHandbook.pdf> and [www.ou.edu/home/misc.html](http://www.ou.edu/home/misc.html) and understand and agree that Minor shall abide by all University and Program rules and policies. Failure to comply with the applicable rules or any other rule established by the Program may result in Minor’s immediate removal from the Program. If Minor will be working with or near research animals, Parent/Guardian and Minor acknowledge that Minor must comply with all animal research policies and practices, specifically including the Institutional Animal Care and Use Committee’s Policy 122. I understand and agree to notify the Mentor of the Program \_\_\_\_\_ at \_\_\_\_\_ immediately of any injuries Minor sustains as a result of the Program and of any inappropriate behavior Minor experiences related to the Program. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Mentor of the Program \_\_\_\_\_ at \_\_\_\_\_ and the University’s Sexual Misconduct Officer at 405-325-2215 or [www.ou.edu/home/misc.html](http://www.ou.edu/home/misc.html). Initials: \_\_\_\_\_

**Confidentiality.** The University may disclose to the Minor certain Confidential Information. As a condition of participation in the Program, Minor shall accept and hold such information in confidence. All information should be considered “CONFIDENTIAL,” whether communicated orally or in writing.

Without prior written consent of University, Minor shall not disclose Confidential Information to any third party, permit any third party to have access to any information, or use such Confidential Information for any purpose other than as set forth in this Agreement. Such limitation of disclosure shall pertain to, but not be limited to, disclosure for the purpose of the minor’s participation in the Program at University.

Minor must inform University immediately of and prior to any required disclosure so that the University may take necessary steps to protect information.  
Initials: \_\_\_\_\_

**Intellectual Property.** Any developments, creations, know-how, inventions or the like made or conceived by Minor during the Program belong to the University. University also shall retain copyright to any publications and copyrightable materials resulting from work by Minor under this Agreement. Minor is not allowed to publish material related to this Program experience without University's prior written approval.

Except as specifically provided in this Agreement, no license or any other right to use or incorporate the Confidential Information is granted to Minor. Confidential Information disclosed by University to Minor shall remain University's property unless otherwise agreed as provided herein, and any documents furnished to Minor by University or any excerpts, notes or copies made therefrom containing such Confidential Information shall be promptly returned to University upon termination of Minor's Program at the University, or sooner if requested by University. Neither party shall be entitled to assign its rights hereunder without the express written consent of the other party.

Initials: \_\_\_\_\_

**Medical Release.** As parent and/or legal guardian of Minor, I hereby give consent and authorize said Program, the University and its agents, representatives and employees to secure emergency medical treatment, or to administer the use of an epi-pen, basic first aid or to ensure that medications have been taken as prescribed for Minor while Minor is in attendance at the Program held at the University and that I am responsible for any and all costs associated with the transportation and treatment. I certify that if my child has any special medical considerations, including food or other allergies, that I have specifically communicated those in writing to the Mentor of the Program. Initials: \_\_\_\_\_

**Transportation.** As parent and/or legal guardian of Minor, I certify and agree that I am to pick-up and drop-off Minor only at the designated places and times. Should I fail to timely pick-up Minor at the designated area, I understand he/she will be taken to \_\_\_\_\_ for pick-up. Failure to timely pick-up Minor may result in his/her immediate withdrawal from the Program. Initials: \_\_\_\_\_

As parent and/or legal guardian of Minor, I certify and agree that if Minor drives to the Program, he/she has my express permission to drive, and I further agree that Minor knows where to report and will do so on time. Initials: \_\_\_\_\_

**Vaccination.** If required by University policy or procedures, Parent/Guardian and Minor must certify that Minor has completed a World Health Organization (WHO) approved COVID-19 vaccine series (i.e. Pfizer, Moderna, J&J Janssen) prior to the start date of their lab mentorship. The Minor will be required to show their Lab Mentor proof of a valid COVID-19 vaccination card or a copy of their Immunization record from the Oklahoma State Immunization Information System. Minors who fail to show proof that they have received the COVID-19 vaccine will not be permitted to participate in the lab mentorships until they do. Initials: \_\_\_\_\_

**Talent Release.** I understand that the University often produces promotional material relating to its programs. I understand that as a participant at the Program, Minor may be included in videotapes or photographs taken during the Program. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to The University

of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Program, in advertising and promoting the Program or in advertising and promoting similar future events at no charge. Initials: \_\_\_\_\_

**Release and Waiver.** I, for and on behalf of Minor, myself, my and Minor's personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives for any and all loss, damages, attorneys' fees, claims, demands, actions or rights of action, arising from or by reason of any injury resulting or to result from participation in the Program. I, for and on behalf of Minor, myself, my and Minor's personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend and indemnify, for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Program. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that Minor and I have each carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act. I am at least eighteen years of age and sign this Release and Waiver voluntarily. Initials: \_\_\_\_\_

As the participant is a minor, this Agreement is signed by Parent/Guardian who, by signing below, accepts the terms of this Agreement for and on behalf of the Minor and him/herself and agrees to require Minor to comply with these terms. Parent/Guardian understands he/she is giving up substantial rights that they and/or the Minor would otherwise have to recover damages for any loss occasioned by University's fault, and signs this release voluntarily and without inducement.

AGREED:

PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

READ AND ACKNOWLEDGED

READ AND ACKNOWLEDGED

\_\_\_\_\_  
Minor Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Chair or Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor/Faculty

\_\_\_\_\_  
Date