

## WAIVER OF PARTICIPATION IN UNIVERSITY OF MINNESOTA RESEARCH OCCUPATIONAL HEALTH PROGRAM (ROHP)

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This waiver option is available to individuals who are NOT employees or students of the University of Minnesota (University) AND who are either:

1. Short term visitors of 90 days or less who are visiting University facilities for the purpose of observing or conducting animal research or education activities (subject to certain exceptions and restrictions outlined below); or
2. Employees of another entity whose job responsibilities for that entity involve exposure to University owned animals used in University research or education activities.

As an individual in either of the above groups, I wish to participate in activities that potentially will expose me to animals used in University research or education activities that have been approved by the University's Institutional Animal Care and Use Committee (IACUC). My activities will not involve work or observation with non-human primates or work or observation in a BSL-3 research facility, and may take place at facilities that are not owned or operated by the University.

I understand that I may participate in the University's Research Occupational Health Program (ROHP), which entails completing a medical questionnaire, and if needed, obtaining vaccinations, using personal protective equipment and/or avoiding exposure to designated animals, activities or substances. I understand that I cannot engage in activities with potential animal exposure at a University facility for more than 90 days continuously without enrolling in ROHP. I further understand that I may waive participation in ROHP by completing this form. However, if I am present at a University facility for longer than 5 days and I wish to waive participation in ROHP, I understand that I also must certify that I am enrolled in a comparable occupational health program associated with animal care and use at my place of work.

I acknowledge that by observing or working with animals used in University research or teaching, I may be exposed to certain health hazards that could damage my health. These include but are not limited to: exposure to infectious agents, exposure to allergens, possible animal bites, scratches, or other injuries. Exposure to such agents may cause eye irritation, cough, sore throat, shortness of breath, fever, rash, gastrointestinal, neurologic and other symptoms. I verify that my employer has provided training on these hazards and appropriate measures to protect myself from them, including vaccinations, personal protective equipment, and how to avoid exposure to designated animals, activities or substances that are harmful.

I understand that further information about occupational health risks is available at my request by contacting the University Health and Safety—Occupational Health at 612-626-5008 or [uohs@umn.edu](mailto:uohs@umn.edu). I also understand that I should call this same number for assistance if I sustain an occupational health injury or exposure while visiting University facilities.

### RELEASE

I acknowledge the risks associated with handling, caring for, observing or conducting research or education activities involving animals used in University research or teaching and I choose to engage in any or all of these activities while at the same time waiving participation in the University's Research Occupational Health Program. I release the University and its officers, employees, agents and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur while handling, caring for observing or conducting research or education activities involving animals used in University research or

teaching. This release applies even if my injury or loss arises from negligence by the University. It does not apply to injury or loss caused by recklessness or intentional misconduct of the University.

\_\_\_\_\_  
**Participant Name** *(Please Print)*

\_\_\_\_\_  
**UMN Principal Investigator or Host**

\_\_\_\_\_  
**Purpose of visit/Activity**

\_\_\_\_\_  
**UMN Principal Investigator or Host's Signature**

\_\_\_\_\_  
**Date(s)/duration if visit or activity**

\_\_\_\_\_  
**IACUC protocol number (if applicable)**

\_\_\_\_\_  
**Institutional/company affiliation**

\_\_\_\_\_  
**Occupational Health Program in which you are enrolled** *(Required if visit is longer than 5 day)*

**By:** \_\_\_\_\_  
*(Participant Signature)*

**Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTICE FOR INDIVIDUALS WHO ARE MINORS**

Persons under 18 years of age must have this agreement co-signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this minor, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the University and its officers, employees, agents and representatives, from any and all liabilities incident to my minor child's involvement, EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, but not from recklessness or intentional misconduct of the University.

**Parent/Guardian**

**By:** \_\_\_\_\_  
*(Participant Signature)*

**Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_