



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

This waiver option is available to individuals that are not part of the University of Minnesota animal care and use program (a “Visitor”), for up to 90 days, for the purpose of:

1. Observing or conducting animal research, teaching, or display activities (subject to certain exceptions and restrictions outlined below); or
2. Completing job responsibilities for a non-University entity in areas that may involve exposure to University-owned animals, used in University research or educational activities; or
3. Voluntarily (i.e., not part of job responsibilities) visiting areas that may involve exposure to University-owned animals used in University research or educational activities; or
4. Fulfilling the obligations of an Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) site visit

As a Visitor who meets the criteria above, I wish to participate in activities that may potentially expose me to animals used in University research, teaching, or display activities that have been approved by the University’s Institutional Animal Care and Use Committee (IACUC). My activities may take place at facilities that are not owned or operated by the University. If my activities involve access to a Biosafety Level 3 (BSL-3) facility, I understand that I must complete the BSL-3 Program requirements which may involve completing a separate waiver, and/or additional requirements not described in this waiver.

I acknowledge that by participating in activities that may potentially expose me to animals used in University research, teaching, or display, I may be exposed to certain health hazards that could damage my health. These include but are not limited to potential exposure to infectious agents and allergens, animal bites, scratches, or other injuries. Exposure to such agents, allergens, and injuries may cause eye irritation, cough, sore throat, shortness of breath, fever, rash, gastrointestinal, neurological, and other symptoms.

I understand that I may change my mind and decide to participate in the University’s Research Occupational Health Program (ROHP) to mitigate the hazards outlined above, which includes completing a medical questionnaire and training on hazards, and if needed, obtaining vaccinations, using personal protective equipment, and/or avoiding exposure to designated animals, activities, or substances.

I understand that further information about occupational health risks is available at my request by contacting the University’s Biosafety and Occupational Health Department at 612-626-5008 or uohs@umn.edu and that I should contact BOHD for assistance if I sustain an occupational health injury or exposure while visiting the facilities.

I UNDERSTAND THAT I MAY WAIVE PARTICIPATION IN THE UNIVERSITY ROHP BY COMPLETING THIS FORM, UNDER THE FOLLOWING CONDITIONS *(select the option for your visit)*

Visit	Occupational Health Program Enrollment Requirements
<input type="checkbox"/> Fewer than 5 days	University ROHP enrollment may be waived
<input type="checkbox"/> 6 to 90 days*	University ROHP enrollment may be waived, but enrollment in a comparable occupational health program associated with animal care and use is required Institutional/Company Affiliation: _____ Occupational Health Program: _____ Enrollment Expiration Date: _____

* Visits that are longer than 90 consecutive days require enrollment in the University ROHP



I UNDERSTAND THAT IF I ENTER AN AREA WHERE THE FOLLOWING ANIMALS ARE HOUSED OR ARE PRESENT, I MUST PROVIDE RECORD(S) FOR THE FOLLOWING REQUIREMENTS
(select the option(s) for your visit)

Animal	Requirement*
<input type="checkbox"/> Pigs <input type="checkbox"/> Ferrets	Current seasonal influenza vaccination
<input type="checkbox"/> Nonhuman primates	Current seasonal influenza vaccination, and , Tuberculosis test with a negative result within the last year, and , MMR immunization series or a measles titer showing immunity

**If you are unable to meet these requirements but still wish to enter areas with these species, please contact uohs@umn.edu to discuss your specific circumstances.*

RELEASE

I knowingly and freely assume all risks associated with handling, caring for, or observing animals, or conducting research or education activities involving animals used in University research, teaching, or display activities, 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 participating in activities involving animals used in University research, teaching, or display activities. THIS RELEASE AND PROMISE APPLIES EVEN TO CLAIMS BASED IN WHOLE OR IN PART ON THE UNIVERSITY'S NEGLIGENCE AND/OR GROSS NEGLIGENCE, TO THE EXTENT PERMITTED BY LAW, BUT NOT TO UNIVERSITY'S WILLFUL OR WANTON ACTS.

VISITOR INFORMATION

Visitor Name: _____ Date(s) of Visit: _____

Institution/Company Affiliation: _____

Institution/Company Address: _____

Purpose of Visit: _____

Visitor Phone Number: _____ Visitor Email Address: _____

Visitor signature: _____

HOST INFORMATION

Host Name: _____ X500: _____ Email: _____

Host Protocol Number (if applicable): _____

Host Signature: _____ 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 AND/OR GROSS NEGLIGENCE OF THE UNIVERSITY, to the extent permitted by law, but not from willful or wanton acts.

Parent/Guardian: _____

Address: _____

E-mail address: _____ **Phone Number:** _____

Parent/Guardian Signature: _____ **Date:** _____