

**High School Summer Research Program 2025
Consent and Release Form**

I/We hereby consent to the participation by our child, _____, in the Brown Cancer Center High School Summer Research Program at the UofL Health Brown Cancer Center (529 South Jackson Street)/Kosair Charities Clinical & Translational Research Building (505 South Hancock Street), University of Louisville, for a period not to exceed June 1, 2025, through August 31, 2025. Should the project exceed this time period, a new Consent and Release Form will be executed.

I/We understand that the individuals enrolled in this program will be exposed to biomedical 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 the student(s) concerning the safe use of laboratory facilities and supplies, there is no assurance the student(s) will not be exposed to a potentially harmful substance. Notwithstanding the foregoing, this Program is not intended to expose the students to substances that are unreasonably dangerous for individuals of their age and experience.

Therefore, in consideration of the educational benefits of our child being permitted to enroll in this Program, I/We hereby release the University of Louisville and UofL Health Brown Cancer Center and its employees and agents from any claims for injuries of any nature, mental or physical, resulting from our child's participation in this program.

In witness whereof, I/We have executed this consent and release form on this, the _____ day of _____, 2025.

Parent/Guardian Signature

Printed Name

Parent/Guardian Signature

Printed Name

Emergency Contact Phone Number