



Science Laboratory

Student Safety Contract Acknowledgement

for GSU at Perimeter College / Dunwoody Campus

Course:	Section:	Semester & Year:
Instructor:	Meeting Day & Time:	Building & Room:

Students will not be permitted into the science laboratory without completing and signing this document.

Student Name (printed): _____ Student ID Number: _____

I agree to all of the following points:

- I received a printed or electronic copy and read all of the **Science Laboratory Safety Guidelines**.
- I am responsible for adhering to all of the **Science Laboratory Safety Guidelines**.
- I am cognizant of the fact that my safety and my classmates' safety depends on my adherence to the **Science Laboratory Safety Guidelines**.
- I am aware of the fact that my failure to follow the **Science Laboratory Safety Guidelines** may result in a serious accident or injury.
- I acknowledge that if I do not follow the **Science Laboratory Safety Guidelines** I will be asked to exit the laboratory and I will not be given credit for the work that I missed. I understand that multiple violations of the **Science Laboratory Safety Guidelines** incur disciplinary action such as expulsion.
- I understand that the laboratory contains materials which, if handled improperly, may be hazardous, particularly to students with medical concerns or who are pregnant or nursing. If I have a medical concern, I will consult my physician or health care provider about potential risks associated with the laboratory. If, after consultation with my physician or health care provider, I wish to withdraw from the laboratory, I am required to submit a letter from my physician or health care provider within the first two weeks of class, indicating that I should not continue due to a health risk. I acknowledge that I assume all liability if I decide to stay at the laboratory.

I understand and acknowledge the statement above:

Student Name (signed): _____

Date: ____ / ____ / ____