

ASSUMPTION OF RISK FORM

I have read and understand the health and safety warnings above regarding animal exposure, and I agree to consult with my health care provider regarding my particular health concerns associated with working with animals (hereinafter referred to as "ACTIVITIES"). I agree to report any injuries involving animal work to the University Police, the Office of the Dean of Research and Graduate Studies and the Office of Safety.

I agree to indemnify and hold harmless Southeastern Louisiana University, the University of Louisiana System and their officers, agent and employees (hereinafter referred to as "RELEASEES") from any claims, damages and actions of any kind or nature, whether at law or in equity, arising from my participation in "ACTIVITIES", provided that such liability is not attributable to the sole negligence of the "RELEASEES".

I realize that my participation in this activity involves risk of injury, including but not limited to those described hereinabove. By signing this Form I desire, consent and voluntarily choose to take part in "ACTIVITIES". Knowing the material risks and appreciating, knowing and reasonably anticipating that injuries are a possibility, I assume all the risks normally incident to these "ACTIVITIES" and agree that the "RELEASEES" will not be responsible for any damages or injuries resulting to me.

Furthermore, I also confirm that I have appropriate healthcare insurance for "ACTIVITIES" or if not, that I will not rely upon "RELEASEES" for medical expenses. I further understand that any injury incurred and the resulting medical expenses from that injury will be my responsibility and the "RELEASEES" will not be responsible for any related expenses.

Animal

User _____

Print Name

Signature

Date

Department

Head _____

Print Name

Signature

Date

Implemented 7-30-08

Ver. 1