

## Release of Liability

*Completion of this form is required when 1) a parent/legal guardian is required to be at the Hasler Lab or Trout Lake Station for work, and 2) child care is not available due to a **temporary emergency**. Its completion is not required for occasional short visits in which work is not conducted. Please complete, sign and return to the Director's Office, Room 206, or fax to 608-265-2340.*

On behalf of myself and my child, I do hereby release the Board of Regents of the University of Wisconsin System, its officers, employees and agents, from any and all liability for damage to or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur as a result of my child's accompanying me at the Center for Limnology as I perform my tasks.

My child agrees to conduct him/herself in a safe and appropriate manner, at all times. As the parent, I acknowledge that the University does not provide any kind of medical coverage, should he/she be injured as a result of accompanying me to work and I understand that any medical expenses resulting from accidents and illnesses, which could occur on site, are my responsibility and that the University has no medical coverage which could extend to my child. I also agree that the responsibility for my child's safety is my own.

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Child's name (please print)

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Signature of Parent/Legal Guardian

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Date