



Risk acknowledgement: Student and/or Research Personnel

This Acknowledgement made on the _____ day of _____, 2020.

I, _____ a participant and in relation to the carrying on of research project(s) _____, do hereby acknowledge that, I have received, been informed, understand and will comply and adhere with any and all safety plans, procedures communicated to me by the principal investigator, supervisor or my superior, for the safe conduct of the above research project(s).

I agree and acknowledge that I am aware of the risks of conducting work in relation to the above stated research project(s), especially in relation to the current COVID-19 emergency.

As a participant, I am aware that if at any time, I feel that the risks have increased or circumstances have changed that I may terminate my contribution to the research project(s) and will advise my principal investigator, supervisor or my superior that I cannot conduct any further contributions until such risks or circumstances have changed that I may safely conduct the research. There will be no repercussions on my decision to continue or terminate my involvement with the above stated research project(s).

IN WITNESS WHEREOF, the parties hereto have hereunto executed this Acknowledgement as of the effective date stated above.

The Principal Investigator leading the research study has reviewed the safety plan with me.

Yes

No

Signature

Date

Role in project

Note to Supervisor: Upon completion of this form, please return the fully signed copy to the Research Safety Committee, and keep a copy on file in your lab's safety binder.