



UNIVERSITY OF SOUTH ALABAMA

## Office of Undergraduate Research

### Research Shadow Pass Agreement and Release

Finding the right research mentor is a key to success in undergraduate research. Spending some time in several labs may be an important step in finding the best fit. A Research Shadow Pass will offer the opportunity to spend time in research laboratories prior to commitment to a project on the part of the student or mentor. The following expectations apply:

1. No shadowing student will be allowed alone in any laboratory.
2. While the approval of a department chair opens the opportunity for a student to shadow in the labs in that department, it does not guarantee that any faculty member in that department will permit the student in his/her laboratory. Final permission to shadow in a lab must be given by the faculty member in charge of that lab. Furthermore, subsequent work on a project in that laboratory is subject to the approval of the faculty member.
3. A shadowing student must undergo appropriate safety training prior to being allowed in a laboratory.
4. The Research Shadow Pass is valid for a single semester, and re-application is required for subsequent semesters.

Student name \_\_\_\_\_

Jag # \_\_\_\_\_

Major \_\_\_\_\_

Semester \_\_\_\_\_

Approximate hours per week \_\_\_\_\_

Brief description of research shadowing goal \_\_\_\_\_

**Departments in which shadowing is intended**

Department name \_\_\_\_\_

Department chair \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department name \_\_\_\_\_

Department chair \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department name \_\_\_\_\_

Department chair \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department name \_\_\_\_\_

Department chair \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department name \_\_\_\_\_

Department chair \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

After completing this form and release and obtaining signatures, bring it to the Office of Undergraduate Research in the Seaman's Bethel Theatre.

OUR Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE FROM LIABILITY FOR RESEARCH SHADOWING PARTICIPATION**

**TO THE UNIVERSITY OF SOUTH ALABAMA:**

I, \_\_\_\_\_, understand that I will be participating as a research shadow for educational reasons. I also understand that I am not receiving any wages from the University of South Alabama in exchange for my participation in this activity, and that I am not considered an employee, agent or servant of the University of South Alabama for any purposes with regard to this activity. I have been informed of and fully understand the duties associated with this activity.

I understand that, as a volunteer, I am not authorized to operate University vehicles. I further understand that the University of South Alabama has no responsibility for or over any transportation or accommodations involved with this activity.

In consideration of the University of South Alabama permitting me to participate in this activity, I, in full recognition and appreciation of any and all risks, hazards, or dangers inherent in this activity, including transportation, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employee, during the period of participation as aforesaid.

I fully understand the risks involved in this activity and agree to assume those risks. I understand that the University of South Alabama, its trustees, officers, agents, servant and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Shadow Participant

\_\_\_\_\_  
Printed Name of Shadow Participant

If under 19 years of age at the time of signing, the parent or guardian must also sign:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_