

INFORMED CONSENT FOR VISITORS ENTERING THE VBSD/ADRDL

Name: _____ Contact Phone: _____ Date: _____

Company: _____ Reason for visit: _____

In consideration of being allowed to visit and tour this laboratory, I, Print Name, on behalf of myself, my executors, administrators, heirs, next of kin, successors, personal representatives and assignees, hereby waive all responsibilities, indemnity, and hold harmless the Veterinary and Biomedical Sciences Department (VBSD)/Animal Disease Research & Diagnostic Laboratory (ADRDL), South Dakota State University, the South Dakota Board of Regents, and the State of South Dakota, their officers, employees, and agents for injury or exposure to animals, infectious diseases, and noxious and/or toxic chemicals or materials while I am visiting and touring their facilities. I assume full responsibility for the risk of bodily injury or death.

I understand that there are and am informed of the hazards associated with working in or observing in such a laboratory, including but not limited to the possibility of exposure to pathogens that may infect humans (e.g., rabies virus, anthrax, etc.) or noxious/toxic chemicals.

Therefore, I agree to follow the recommended biosafety guidelines below:

1. Eating, drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human consumption are not permitted in the laboratory areas.
2. All laboratory visitors (and particularly women of child-bearing age) should consider their immune competence and/or other conditions that may predispose them to infection prior to entering the laboratory areas. Individuals having these conditions are encouraged to self-identify to the institution's EHS director/biosafety professional for guidance prior to working in or visiting the laboratory areas.
3. Protective laboratory coats, gowns, smocks, footwear, or uniforms designated for laboratory use must be worn if entering certain areas of the laboratories or working in any area of the laboratory. Gloves (latex or non-latex) must be worn if handling infectious agents to protect hands from exposure to infectious/hazardous materials. Gloves must not be worn outside the laboratory.
4. Eye and face protection (goggles, mask, or face shield) may be necessary in some lab areas when infectious/hazardous materials are handled outside the biosafety cabinet. Persons who wear contact lenses in laboratories should also wear eye protection. Remove protective clothing or equipment (as described above) before leaving for non-laboratory areas, e.g., cafeteria, library, administrative offices. (Eye, face, and respiratory protection should be used in rooms containing infected animals as determined by the project-specific risk assessment).
5. **ALL PERSONS MUST WASH THEIR HANDS BEFORE LEAVING THE LABORATORY.**

I am competent to execute this agreement, have read and voluntarily sign with full understanding of its terms and that I have given up rights by signing it, sign it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature – Visitor *(If visitor is under 18 years of age, guardian signature is also required)*

Date

Signature and Printed Name of Legal Guardian

Date

Veterinary and Biomedical Sciences Dept. Sponsor

Date

Veterinary and Biomedical Sciences Department Head

Date