

UNIVERSITY OF ILLINOIS
AT CHICAGO

Department of Kinesiology and Nutrition (MC 194)
College of Applied Health Sciences
Room 337, Physical Education Building
901 West Roosevelt Road
Chicago, Illinois 60608

**KINESIOLOGY AND NUTRITION ANATOMY LABORATORY
UNIVERSITY OF ILLINOIS AT CHICAGO
SCHOOL AGREEMENT**

The undersigned represents that he/she has authority to agree to the terms of this agreement on behalf of the School. (Please attach documentation of authority.)

The undersigned represents that _____ School (hereafter "School") has obtained consent and release forms for each student who will visit the University of Illinois at Chicago Kinesiology and Nutrition Anatomy Laboratory on the campus of the University of Illinois at Chicago, on _____. The consent and release forms describe the activities to take place and the risks involved.

The School understands that its students will have the opportunity to view and discuss preserved human cadavers in varying stages of dissection. The School understands that the cadavers could be of any adult age, sex or ethnic background. The School has discussed this with its students.

Even though students will be chaperoned by school personnel and a UIC faculty member or graduate student will be present, the School understands that there can be potential dangers as in any scientific laboratory, and that there can be emotional reactions to seeing cadavers. The School assumes any and all risks involved with its students, chaperones, faculty and staff visiting this laboratory, including physical and emotional risks.

The School releases and holds harmless The Board of Trustees of the University of Illinois from liability for any and all claims for injuries, physical or emotional, for any and all causes of action, damages, judgments, costs or expenses, including attorneys' fees, which arise from the visit to the Anatomy Laboratory.

Signature

Date

Printed name of person signing

Title of person signing

UIC