

Risk acknowledgement: Principal Investigator

	in relation to the carrying on of, do hereby
acknowledge that, the safety plans, protocols, procedures and documents created by we/I have been reviewed and approved by the University of Windsor.	
We/I agree and acknowledge that we/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. We/I acknowledge and agree that we/I are responsible for ensuring implementation and compliance with these plans and procedures.	
We/I agree and acknowledge that we/I have communicated all the approved safety plans, protocols, procedures and documents to the participants involved and that such participants are aware and have been informed that they may refuse to participate or determine to terminate their participation after conducting any of the research. We/I agree that there will be no repercussions to any participants on their decision to continue or terminate their involvement with the above stated research project(s).	
IN WITNESS WHEREOF, the part Acknowledgement as of the effective date s	ies hereto have hereunto executed this tated above.
Signature	Date
Role in project	
Signature	Date
Role in project	

Note: 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.