

Risk acknowledgement: Student and/or Research Personnel

This Acknowledgement made on the	day o	of, 2021.
I, a participal project(s) have received, been informed, understand a safety plans, procedures communicated to make my superior, for the safe conduct of the above	and will comply and he by the principal	d adhere with any and all investigator, supervisor or
I agree and acknowledge that I am aware of above stated research project(s), especially in		_
As a participant, I am aware that if at any circumstances have changed that I may termi and will advise my principal investigator, so any further contributions until such risks or conduct the research. There will be no a terminate my involvement with the above st	nate my contribution opervisor or my sup- circumstances have repercussions on m	on to the research project(s) perior that I cannot conduct changed that I may safely by decision to continue or
IN WITNESS WHEREOF, the partial Acknowledgement as of the effective date st		hereunto executed this
The Principal Investigator leading the research	ch study has review	ed 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.