

## Visit Release Form

I acknowledge that I am voluntarily attending a tour of the J. Craig Venter Institute Joint Technology Center. I understand that the introduction and tour of the J. Craig Venter Institute are conducted in a scientific laboratory at Venter Institute facilities in Rockville, Maryland. I further understand that the nature of the visit may entail my handling sensitive scientific equipment, computers, and small amounts of biological materials and chemicals. I agree to follow **all** directions and other instructions from the Venter Institute personnel and employees during the course of the program that I am attending at the Venter Institute I hereby assume any and all risk and all liability for losses, damages or injuries to my person, or property, or death which I might suffer or sustain while on the premises of the Venter Institute, in whole or part, and do hereby, for myself, my heirs, executors, administrators, successors and assigns, release and forever discharge the Venter Institute, its trustees, officers, employees and agents from any and all claims of liability, damage, injury or loss relating in any way to my participation in the program and presence at the Venter Institute's facilities.

**Authorization for use of Photographic Likeness:** I agree to allow J. Craig Venter Institute and the J. Craig Venter Science Foundation to take and utilize photographs, slides, and/or video images of me while I am at the Venter Institute for the purpose of promotion, illustration, advertising and publicizing of the Venter Institute programs. I hereby release and discharge the Venter Institute from any and all claims and demands arising out of or in connection with the use of the photographs, slides, and/or video images of me, including without limitation any and all claims for libel or invasion of privacy.

By my signature below, I agree to the terms and conditions set out on this registration form.

Print Participant Name: \_\_\_\_\_

Signature (Parent or Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

## Visit Release Form

I acknowledge that I am voluntarily attending a tour of the J. Craig Venter Institute Joint Technology Center. I understand that the introduction and tour of the J. Craig Venter Institute are conducted in a scientific laboratory at Venter Institute facilities in Rockville, Maryland. I further understand that the nature of the visit may entail my handling sensitive scientific equipment, computers, and small amounts of biological materials and chemicals. I agree to follow **all** directions and other instructions from the Venter Institute personnel and employees during the course of the program that I am attending at the Venter Institute I hereby assume any and all risk and all liability for losses, damages or injuries to my person, or property, or death which I might suffer or sustain while on the premises of the Venter Institute, in whole or part, and do hereby, for myself, my heirs, executors, administrators, successors and assigns, release and forever discharge the Venter Institute, its trustees, officers, employees and agents from any and all claims of liability, damage, injury or loss relating in any way to my participation in the program and presence at the Venter Institute's facilities.

**Authorization for use of Photographic Likeness:** I agree to allow J. Craig Venter Institute and the J. Craig Venter Science Foundation to take and utilize photographs, slides, and/or video images of me while I am at the Venter Institute for the purpose of promotion, illustration, advertising and publicizing of the Venter Institute programs. I hereby release and discharge the Venter Institute from any and all claims and demands arising out of or in connection with the use of the photographs, slides, and/or video images of me, including without limitation any and all claims for libel or invasion of privacy.

By my signature below, I agree to the terms and conditions set out on this registration form.

Print Participant Name: \_\_\_\_\_

Signature (Parent or Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_