

Whitehead Institute Expedition: Bio Waiver and Release of Claims

	ned parent of, a minor, do hereby consent to his/her/their te for Biomedical Research's ("WIBR's") Expedition: Bio Program that
, 1 3	ls from Whitehead Institute's Partnership for Science Education
` ` '	ted session of either July 8-19 or August 12-23, 2024. I understand that
	ded learning experiences that my child will participate in onsite at
Whitehead Institute, 455 Main Street,	Cambridge, MA.
	emonstration laboratory but a working lab where various hazards may exist
±	staff will conduct the session and ensure that no radioactive, toxic, not use in proximity to students during the duration of the program.
I understand that my child w including being supervised at all times	rill be expected to observe all safety requirements and Whitehead rules s during this visit.
or collaborators. I authorize the use of electronic form including printed or distribution or transmission, now know any such media and authorize the use	totographed and/or videotaped by Whitehead Institute staff, representatives of any such photographs and/or videotape for any lawful purpose in print of electronic publications or communications, websites, or other means of whiteway of my child's likeness in perpetuity and without any compensation to me. It is and to all such media capturing my child's likeness and agree that all lead Institute.
Biomedical Research from any and all growing out of, directly or indirectly, unknown personal injuries or property parent of the minor child identified ab	t, discharge, and covenant to hold harmless Whitehead Institute for l actions, causes of action, and claims on account of, or in any way the participation of my minor child in the Program, and all known and damage which may occur now or hereafter, which I may have as the love, and also all claims or right of action for damages which the minor efore or after he/she/they has reached his/her/their majority resulting from am.
Date I	Parent's Signature