COURSE PERMISSION AND WAIVER FORM

PARENT/GUARDIAN PERMISSION FOR PARTICIPATION IN COURSE SPECIFIC ACTIVITIES: Please review the information for the course in which your child/ward is enrolled and check the box next to the course title.

DNA TESTING ACTIVITY

- Techniques in DNA-Based Biotechnology CRN: 10061
- Techniques in DNA-Based Biotechnology CRN: 10062
- Laboratory Research in Biomedicine CRNs: 10349 & 10500
- Molecular Biology & Biochemistry: From DNA to Enzymes CRN: 10256
- Genetics and Human Behavior CRN: 10151 & 10780
- Research Techniques in Biomedical Fields CRN: 10104
- Research Techniques in Biomedical Fields CRN: 10626
- Junior SPARK: So You Want to Be a Scientist CRN: 10130
- Senior SPARK: DNA Science & Biotechnology CRN: 10522

Parent/Guardian: I understand that as part of the courses listed above, each student who elects to do so will conduct an experiment with his/her own DNA. DNA samples will either be collected from cheek cells that normally exist in saliva, in the inside cheek pocket, or from a blood sample. For this experiment the student will perform one of the following: 1. Swish his/her mouth with a saline solution and spit the sample into a cup or, 2. Brush a sterile cotton swab inside his/her mouth along the cheek, or 3. Have approximately 4cc’s of blood drawn at Brown Health Services. The DNA samples that are extracted from these cells for this experiment will be amplified and examined for specific DNA markers, which may vary from person to person and play no role in an individual’s health nor do they have any relationship to physical traits or characteristics. The DNA markers to be examined have been chosen because they are found in the non-coding portion of the human genome. The information derived from the analysis is the equivalent of ABO Blood Type and is not in any way indicative or predictive of disease. All student DNA samples will be discarded or destroyed with bleach after completing the experiment. I further understand that there is a consensus that human DNA samples should not be obtained without the willing consent of the donor, who understands the purpose for which it is being collected, and that the experiment will be explained beforehand to the student.

- I DO give permission for my child/ward to participate in the DNA TESTING ACTIVITY
- I DO NOT give permission for my child/ward to participate in the DNA TESTING ACTIVITY

HOSPITAL SHADOWING

- Introduction to Medicine: Do You Want to be a Doctor CRN: 10063

<table>
<thead>
<tr>
<th>Hasbro Children’s Hospital Human Resources</th>
<th>The Miriam Hospital Volunteer Office</th>
<th>Memorial Hospital of RI Volunteer Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>593 Eddy St. Providence, RI 02903 401-444-4562</td>
<td>164 Summit Ave. Providence, RI 02906 401-793-2510</td>
<td>111 Brewster St. Pawtucket, RI 02860 401-729-2325</td>
</tr>
<tr>
<td>Women and Infants Hospital Volunteer Office</td>
<td>Rhode Island Hospital Human Resources</td>
<td>Providence VA Medical Center Volunteer Office</td>
</tr>
<tr>
<td>101 Dudley St. Providence, RI 02905 401-274-1122 x2255</td>
<td>593 Eddy St. Providence, RI 02903 401-444-4562</td>
<td>830 Chalkstone Ave. Providence, RI 02908 401-457-3002</td>
</tr>
</tbody>
</table>

Parent/Guardian: I understand that, as part of the above courses, students will visit the above Providence area hospitals or doctor’s offices and shadow a physician. I understand that students who shadow physicians must maintain patient confidentiality and assume a professional demeanor at all times. I understand that experiences involving patient contact may result in exposure to blood borne or other pathogens (infections). Students are expected to follow instructions regarding safety and understand that patient contact may entail limited risk.

- I give permission for my child/ward to participate in the HOSPITAL SHADOWING ACTIVITY
- I DO NOT give permission for my child/ward to participate in the HOSPITAL SHADOWING ACTIVITY
Please read and complete:

I understand that my child/ward’s participation in each of the courses listed on this Course Permission and Waiver Form, including all related activities (collectively the “Course”) is subject to any and all Brown rules, procedures and regulations of Brown University (see the Policies section on our website) and/or the person(s) conducting, leading, and/or directing the Course. I hereby release and forever discharge Brown University, including the Corporation, its Trustees, faculty, employees, staff, and other agents from all liability and responsibility for any claim or cause of action for any personal injury, accident, damage, expenses or other loss caused, suffered or incurred by my child/ward during, or arising out of, my child/ward’s participation in the Course or any other person or entity during or arising out of, child/ward’s participation in the Course. Further, I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and am confident that the individual has read and/or translated the statements truthfully and in their entirety. This release and waiver has been executed on behalf of myself and my child/ward, and has been made with full knowledge of possible risks involved. This instrument has been executed in and shall be interpreted according to the laws of the State of Rhode Island.

STUDENT LAST NAME: ________________________________ FIRST NAME: ________________________________

PARENT/GUARDIAN SIGNATURE: ________________________________ DATE: ________________________________

COURSE NAME: ____________________________________________ CRN: ________________________________

COURSE START DATE: ________________________________ COURSE END DATE: ________________________________