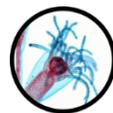


James Madison University Biology Department's Light Microscopy and Imaging Facility Liability Release Agreement



James Madison University
Light Microscopy
and Imaging

I have read the James Madison University (JMU) Light Microscopy and Imaging Facility (LMIF) User Policy and agree to abide by its regulations.

I agree to use only the instrument(s) for which I am trained and only for the research specified in my User Registration Form. I agree to notify the LMIF Director if/when my research direction or approach changes.

I certify that the research being performed in the LMIF is in accordance with my institution's safety and ethics regulations. I have notified the LMIF Director if my experiments involve any animals regulated by IACUC or Biosafety Level 2 organisms and have provided evidence of approval (if applicable) from my institution.

I understand that the instruments in the facility range in value from approximately \$5k-300k and that JMU may hold me, my supervisor, and/or my institution financially liable for any damages I cause.

I understand that, through gross misuse of certain microscopes, it is possible to expose my eyes to powerful focused light sources (including class 3b lasers) sufficient to cause permanent damage.

I understand that part of the LMIF is dedicated to histological preparation involving potentially harmful chemicals, but that there is minimal risk posed to me in the areas containing the microscopes. I agree not to enter or use the histological laboratory section of the LMIF unless specifically arranged with the LMIF Director. I understand that Safety Data Sheets (SDS) for the chemicals used in the histology lab are available to me upon request and that the Biology Department's Chemical Hygiene Plan is available online (http://www.jmu.edu/biology/files/docs/chemical_hygiene_plan_Apr15.docx). I understand that I will be required to complete the Biology Department's Online Safety Form (<http://www.jmu.edu/biology/safety.shtml>) prior to being granted access to the LMIF.

I understand that my microscope data must be transferred off of the LMIF computers at the conclusion of my imaging session. I agree not to hold the LMIF responsible for any data damage or loss.

I understand that violating any of these policies may result in suspension of my user privileges.

User Signature: _____ Date: _____

Print Name: _____

If the user is a student or is under the direction of a faculty/project/lab supervisor:

Supervisor Signature: _____ Date: _____

Print Name: _____