# STLCOP Animal Facility Visitor Release Form

I am requesting access to ______________________________________, a sensitive research area for the purpose of ________________________.

In consideration for St. Louis College of Pharmacy (STLCOP) allowing me to participate in activities at STLCOP labs that contain confidential and/or sensitive information, I hereby agree to hold completely confidential any and all privileged, sensitive and otherwise confidential information or data to which I gain access during the course of my participation in activities at STLCOP. I understand that the generation of any visual or auditory documentation of the activities is generally prohibited, including, but not limited to:

- Video and/or Sound Recordings
- Still Photography
- Cell phone Images
- Social Media Postings

Should I wish to generate any documentation as part of my visit, I acknowledge that I must receive approval from both the Director, Research Administration (or designee) and STLCOP Marketing and Communications prior to the event. Without such approvals, I understand that I am prohibited from making or distributing any visual or auditory documentation of my activities.

I will be escorted at all times by a STLCOP employee and agree to follow STLCOP's personal protective equipment (PPE) guidelines. I understand there are risks associated with laboratory environments and animal exposure that may result in illness or injury. These risks include: physical, biological, chemical, and radiologic hazards. I hereby assume the risks associated with my activities at STLCOP. If I feel that I cannot safely participate in the activities, need training for these hazards, or experience illness or injury while I am visiting STLCOP, I understand that I should cease activities, notify STLCOP, and contact my employer or sponsoring agency immediately.

I understand that all legal measures will be used to enforce this Agreement if necessary, including criminal penalties and/or civil liability that may result from the unauthorized use or release of information in violation of this agreement.

By my signature below I provide my assurance to the STLCOP that I will comply with the provisions stated above.

| Activity/Protocol number | |
|---|---|

________________________________ ________________________________ __________________

Guest Name (Please Print) Guest Signature Date

________________________________ ________________________________ __________________

STLCOP Primary Investigator (PI) STLCOP (PI) Signature Date