**BIOLOGY SAFETY CONTRACT**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the safety rules for the biology classroom and lab and agree to follow all of the safety rules set forth in this contract.  I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructors.  I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment.  I will also closely follow the oral and written instructions provided by the instructor.  I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, and/or dismissal from the course.**

**Circle one: I do / do not wear contact lenses.**

**I do/do not have a medical condition that could result in the need for emergency medical attention (explain here if you do).**

**Signed (student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_**

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