

**STUDENT PROGRAM FORMS**

**RELEASE FORM**

I release \_\_\_\_\_, (Laboratory or Research Facility Name) and the Great Neck Breast Cancer Coalition and the officers, agents and employees of the foregoing from liability for any personal injury or property damage resulting from any act or omission of any them, including any ordinary negligence on their part.

\_\_\_\_\_  
Signed by parent or guardian of intern student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Intern Name