



**armi**

Advanced Regenerative  
Manufacturing Institute



**biofabusa**

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**PARENTAL CONSENT FORM FOR MINORS ENTERING ARMI BIOFABUSA FACILITIES**

Parental Acknowledgement, Consent and Release from Liability

For Participation in the Minors (under the age of 18) in the Facility Programs

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1. By signing this consent and release, I consent to the conditions under which my child will participate in an educational program or internship at ARMI BiofabUSA. In addition, I further understand that ARMI facilities are being made available to \_\_\_\_\_ as an educational opportunity.
2. I understand that by participating in a program at ARMI BiofabUSA, \_\_\_\_\_ (minor's name) may be involved in activities with hazardous substances and equipment and the risk of accident, death, illness, physical or mental injuries, and property damage.
3. In consideration of ARMI BioFabUSA allowing my child to participate in the education program or internship, to the fullest extent allowable by law, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE ARMI Leadership and its employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys' fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation in the Program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.
4. In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.
5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_