



## **MERI Lab and Field Work Request Form**

Complete and return to Cheryl Yao, Laboratory Supervisor

Phone: 201-460-4604; Fax: 201-842-0630; Email: Cheryl.yao@njmeadowlands.gov; Cheryl.yao@rutgers.edu

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GENERAL II	NFORMATION			
PRINCIPAL F	RESEARCHER			
Name:	Phone:	Fax:	Email:	
STUDENT(S)	/TECHNICIAN(S):			
Name:	Phone:	Fax:	Email:	
			our objectives, activities and pared proposal or work plan	
FIELD SAMI	PLING			
LOCATION C	OF SAMPLE COLLECT	TON (attach a map of sp	ecific sampling locations if	possible; an
interactive hig	h-resolution aerial photo	of the Meadowlands is	viewable at	
http://arcgis5.r	njmeadowlands.gov/mun	nicipal/v31/		
	SITE ACCESS (Be sure	e to indicate if you want	MERI to provide transporta	ation, and if so
SAMPLE ME	DIUM/MEDIA (eg, wat	er, sediment, plant tissue	e, etc.):	
	F SAMPLE COLLECTI	ION (Be sure to indicate	if you want MERI to provid	de any
PROPOSED S	SAMPLING SCHEDULI	E (be specific on dates a	nd times.)	

## LAB ANALYSIS

A separate Request for Laboratory Analysis form must be completed if there is lab analysis work involved. The detailed information regarding the sample has to be included in this form. It is mandatory to identify on the form highly contaminated or potentially hazardous samples so that proper precautions can be taken at MERI. Complete this form and return to MERI.





## Participant Agreement, Release, and Acknowledgment of Risk

In consideration of the opportunity to voluntarily participate in laboratory work and/or field activities ("Activities") to be conducted in laboratories and on property owned by the Meadowlands Environmental Research Institute ("MERI"), I agree to release, forever discharge, and to indemnify and hold harmless the MERI, its employees, and agents from any and all liability, claims, demands, or causes of action that arise out of or are in any way connected to my participation in these Activities or my use of the property or laboratories. I acknowledge that, for purposes of this Agreement, the Activities may include but are not limited to outdoor activities such as hiking and fieldwork and laboratory work with hazardous materials and equipment, all of which entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, property, or third parties.

I have read and understood this document and agree to be	be bound by its terms.
Signature of Participant:	Date:
Print Name:	
(Must be completed for participants under the age of 18)	
I certify that I am the parent/legal guardian of the Participan	t, I have read this release, and I approve of
and agree to its terms.	
Signature of Parent or Guardian:	
	_ Date:
Print Guardian Name:	