

## CERTIFICATE OF SAFETY TRAINING (PARTIAL OPENING PHASE)

Please read and sign this document before working in SoundBio Lab.

\_\_\_\_\_(Initials) I hereby confirm that I watched the SBL safety training video and passed the safety training quiz on: (date)\_\_\_\_\_.

\_\_\_\_\_(Initials) I hereby confirm that (first/last name)\_\_\_\_\_ was my safety trainer or has provided me with safety guidelines that includes entry, exit and social distancing rules to work in the Lab and was able to adequately answer all of my safety questions.

\_\_\_\_\_(Initials) I hereby confirm that I have also electronically signed SoundBio's Release of Liability (also referred to as the Liability & Safety Waiver).

### I HAVE READ THIS DOCUMENT AND UNDERSTAND ALL CONTENTS.

Participant First Name: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_

Participant Signature (or Parent/Legal Guardian Signature for minor\*):

\_\_\_\_\_

Date: \_\_\_\_\_

If signed by Parent/Legal Guardian:

Signer Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_



*\*I, the signer, certify that I am 18 years or older*