

3. Signature Page

- I have completed all required safety trainings as outlined in this AggieFab manual.
- I have read all safety instructions, including the appendices, and agree to observe all safe lab practices.

Name of Student (print): _____

Supervisor (Name): _____

Address:

Phone:

Email:

Person(s) to be notified in the event of an accident of emergency:

Name (print): _____ Relationship: _____

Phone (home): _____ Phone (work): _____

Address:

Signature: _____

Date: _____

UIN: _____

NetID: _____