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|  | **You have been invited to tour the Sanford School of Medicine Gross Anatomy Laboratory. The following rules and behaviors apply to all visitors to the anatomy facility. By signing this permission form, you agree to adhere to all of the accompanying rules and accept responsibility for your actions during your visit.** |

**Please review the following rules prior to their visit:**

1. **Students are expected to conduct themselves in a professional manner showing respect for the cadavers.**
2. **The use of cameras, cell phones or any other recording device is strictly prohibited.**
3. **Smoking, drinking or eating are not permitted in the lab.**
4. **Anatomical material may not be removed from the lab.**
5. **All students must provide a signed permission form.**
6. **Visitors assume full liability for their actions.**

**I hereby agree to adhere to all of the aforementioned rules and behaviors during my visit to the Sanford School of Medicine Gross Anatomy Laboratory.**

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 **(Student Name) (Student Signature)**

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|  | **Your son or daughter has been invited to tour the Sanford School of Medicine Gross Anatomy Laboratory. They have been provided with a list of expected behaviors and have agreed to assume full responsibility for their conduct during the visit.** |

**Please review the following rules with your son or daughter prior to their visit:**

1. **Students are expected to conduct themselves in a professional manner showing respect for the cadavers.**
2. **The use of cameras, cell phones or any other recording device is strictly prohibited.**
3. **Smoking, drinking or eating are not permitted in the lab.**
4. **Anatomical material may not be removed from the lab.**
5. **All students must provide a signed parental permission form.**
6. **Visitors assume full liability for their actions.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend the Sanford School of**

 **(Name of Student) Medicine Gross Anatomy Tour**

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 **(Parent Name) (Parent Signature)**