Safe Experiment Practices Form

If an experiment was conducted in the video or for research for the video created for the Global Undergraduate Student Video Competition, please have your student chapter advisor and team captain complete the form below

Team Name:
________________________________________________________________

School:
________________________________________________________________

Chapter Advisor Email:
________________________________________________________________

Chapter Advisor Phone:
________________________________________________________________

We, the undersigned, do hereby verify that we have complied with all safety rules and requirements as set by our university when performing experiments in or for the Global Undergraduate Student Video Competition.

Team Captain Name (printed)              Chapter Advisor Name (printed)
____________________________________   ______________________________

Team Captain Signature                  Chapter Adviser Signature
____________________________________   ______________________________

Date                                    Date
____________________________________   ______________________________