

at New Mexico State University

Volunteer Acknowledgement

l,	(print name), understand that I am performing duties in
Dr	's lab as a volunteer and will not be receiving payment for any activitie
performed in the lab.	
As a volunteer, I will not	hold NMSU or the Chemistry & Biochemistry Department responsible
for injuries sustained wh	ile working as a volunteer and agree to assume all risk of injury.
Date	
 Volunteer Signature	
volunteer Signature	
 PI Signature	