



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
