

Howard University
Autonomous Vehicle, Robotics & Control (AVRC) Lab
Lab Safety Acknowledgment and Waiver

This form is required before working with any AVRC Lab platform or equipment (Room B20, Mackey Building). Please print clearly and complete every field.

Participant Information

Name: _____

Howard Email: _____

Expected Graduation Year: _____

Department: _____

Acknowledgment

By signing below, I confirm that I have completed the AVRC Lab Safety Orientation and understand the rules and hazards it describes. I agree to the following:

- I am trained and authorized to use the specific equipment and platforms I operate in the AVRC Lab.
- I will follow the lab's operating rules, including PPE requirements, battery handling, and flight and ground-test protocols.
- I will treat all lab equipment with care, as befits costly, grant-funded research hardware, and will report any damage, defect, or incident to the Lab Coordinator or professor.
- I understand that failure to follow these rules may result in removal from the lab.

Signature: _____

Date: _____