

## Contact Lens Waiver Form

I have been advised that prescription glasses are the only acceptable form of corrective lenses deemed safe to wear during the laboratory period. I have been advised that wearing contact lenses may constitute a safety and/or vision hazard. I choose to wear contact lenses during my laboratory period and hereby agree to hold blameless North Carolina State University, the Chemistry Department, and the faculty and staff for any damage that might occur to my eyes as a result of the wearing of contact lenses during my laboratory period.

Name: \_\_\_\_\_  
Last (Print)                      First                      M.I.

Student ID: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_