

UNIVERSITY OF GUELPH RELEASE and INDEMNIFICATION FORM For <u>VOLUNTEERS</u>

| Volunteer's Name: | | Phone: | | | | |
|----------------------|---|--|---|--|--|--|
| Addres | ss: _ | | | | | |
| Volunt | eer Activities: | | | | | |
| Dates o | of Volunteer Service | e: (dd/mmm/yy) _ | | to (dd/mmi | m/yy) | |
| Host D | epartment: | | Department (| Contact Name/ Ex | xtension: | |
| advised and ha | l against undertaking | the volunteer activiti bility of personal in | es by a qualified l njury, death, pro | health professional perty damage or | . I accept and fully a loss, resulting from | certify that I have not been assume all risks, dangers a my participation in the or |
| I furthe 1. | oral, related to the keep confidential Ir prior written conse other than to furthe | o confidential Inform personnel, the studer information, confident in of the University. | nation. "Informat nts, and the busin tial and not to dis I also agree not t University. I furtl | cion" means all info less, financial and o cclose any confiden o use any of the Info ner agree that upon | other affairs of the Un utial Information to a formation, confidention request from the Uni | sual, written, electronic or niversity. I will at all times ny third party without the al or not, for any purposes iversity, I will return to the es thereof in any form. |
| 2. | | nuneration, salary, w Jniversity's Workpla | | | nefits from the Unive | ersity whatsoever and I am |
| 3. | of me in the course of videos in all forms | of my volunteer activi s and media for purpo | ties, including cor oses of publicizing | nposite or artistic r g University progra | epresentations, and t ms, activities <i>or for a</i> | notographs or videos taken to use the said photographs ny other lawful purpose. In erein my photograph(s) or |
| and assi agents f | igns agree to hereby i | release and forever ns, claims and demar | discharge the U r nds for damages, l | niversity of Guelpl loss and injury, how | 1, its officers, director | executors, administrators s, servants, employees and h now or may hereafter be |
| or corpo | oration who might cla | im contribution or in ease and Indemnifica | demnity against t ation is deemed v | he University of Gu | elph. I agree and ack | cation) against any person nowledge that in the event of competent jurisdiction, |
| hereby rights v | agree to be bound b | oy the terms and con ext of kin, executor | nditions. I am aw rs, administratoi | vare that by signin | ng this agreement, I | <u>eers</u> in its entirety and I am waiving certain legal University of Guelph, its |
| _ | re of Volunteer (or Sig tteer is under the age | | Legal Guardian | Date: | | _ |
| INTERN | NAL USE ONLY: Volum | teer Activities must b | oe approved by si | gnature of the Chai | r or Director of the H | ost Department. |
| Approv | | nt and Sign) | | <u>_</u> | ate | |
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 $Scan\ Copy\ to: Environmental\ Health\ \&\ Safety\ at\ ehs@uoguelph.ca$