

UNIVERSITY OF GUELPH
RELEASE and INDEMNIFICATION FORM
For VOLUNTEERS

Volunteer's Name: _____ **Phone:** _____

Address: _____

Volunteer Activities: _____

Dates of Volunteer Service: (dd/mmm/yy) _____ **to (dd/mmm/yy)** _____

Host Department: _____ **Department Contact Name/ Extension:** _____

I am aware that the volunteer activities in which I am participating may have certain risks and dangers. I certify that I have not been advised against undertaking the volunteer activities by a qualified health professional. **I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in the volunteer activities.** Risks inherent in these volunteer activities may include but are not limited to:

I further acknowledge and agree that in my capacity as a volunteer:

1. I may have access to confidential Information. "Information" means all information, whether visual, written, electronic or oral, related to the personnel, the students, and the business, financial and other affairs of the University. I will at all times keep confidential Information, confidential and not to disclose any confidential Information to any third party without the prior written consent of the University. I also agree not to use any of the Information, confidential or not, for any purposes other than to further the interests of the University. I further agree that upon request from the University, I will return to the University all Information provided to me in written or electronic form, and all originals and copies thereof in any form.
2. I will receive no remuneration, salary, wage or payment or any employee benefits from the University whatsoever and I am not covered by the University's Workplace Safety Insurance.
3. I grant to the University of Guelph, permission to copy, exhibit, publish or distribute any and all photographs or videos taken of me in the course of my volunteer activities, including composite or artistic representations, and to use the said photographs / videos in all forms and media for purposes of publicizing University programs, activities *or for any other lawful purpose*. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my photograph(s) or video appears.

In consideration of approval to participate in the volunteer activities, I, for myself, my heirs, beneficiaries, executors, administrators and assigns agree to **hereby release and forever discharge the University of Guelph**, its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the volunteer activities.

I further agree not to make any claims (including any cross-claim, counter-claim, third party, action or application) against any person or corporation who might claim contribution or indemnity against the University of Guelph. I agree and acknowledge that in the event that any provision of this Release and Indemnification is deemed void, invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect.

I declare that I have read and understood the above Release and Indemnification Form for Volunteers in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators and assigns may have against the University of Guelph, its officers, directors, servants, employees and agents.

Signature of Volunteer (or Signature of Parent or Legal Guardian
if Volunteer is under the age of 18 years)

Date:

INTERNAL USE ONLY: Volunteer Activities must be approved by signature of the Chair or Director of the Host Department.

Approved by: _____
Name (Print and Sign)

Date

Scan Copy to: Insurance Office, at insforms@uoguelph.ca

Integrative Biology Volunteer Safety Checklist

Name: _____

Student #: _____

Email: _____

Phone #: _____

PLEASE NOTE: Before volunteer status can be granted the following EHS Safety Certificates must be completed. Students self-register for the courses here: <https://ehs.opened.uoguelph.ca/index.cfm>

- Laboratory Safety
- WHMIS
- EHS Biosafety
- EHS Worker Health and Safety Awareness

For **non-U of G volunteers**, complete all the above courses except the EHS Worker Health and Safety Awareness course. Instead, they complete the government MOL Worker Health and Safety Awareness in 4 Steps, online, found at: <https://www.labour.gov.on.ca/english/hs/training/index.php>

Please email copies of all completed safety certificates (**MERGED INTO A SINGLE PDF**) to ibtap@uoguelph.ca.

I certify that the above volunteer has **1)** completed all required safety quizzes, **2)** has provided me with a copy of all 4 certificates to be placed in the lab safety binder and **3)** has emailed the PDF copy to ibtap@uoguelph.ca

Name of Supervisor: _____

Supervisor Signature: _____

Name of Chair/Director: _____

Chair/Director Signature: _____