

UNIVERSITY OF GUELPH
PERSONS ON NON-EMPLOYEE WORKING STATUS

****By signing this document you will waive certain legal rights, including the right to sue
 – PLEASE READ CAREFULLY****

Name _____ Telephone _____

Address _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY:

In consideration of approval to enter a work experience program in the University of Guelph's Department of Molecular and Cellular Biology, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the University of Guelph and its directors, officers, employees, and representatives (all of whom are hereinafter collectively referred to as "The Releasees")'

TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in this work experience program due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care;

IT IS MY RESPONSIBILITY to ensure I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participating in this work experience program, if such liability is as a result of my acting outside the scope of my duties and responsibilities;

THIS AGREEMENT SHALL be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

IN ENTERING INTO THIS AGREEMENT, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement;

I FREELY ACCEPT AND FULL ASSUME all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participating in this program.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____

 Person's Signature

 Signature of Parent/Legal Guardian
 (For Minor Persons)

 Chair/Director Signature (Witness)

 Relationship to Minor

Email address:	Student I.D. #	Supervisor:
CBS Safety Modules required yes <input type="checkbox"/> no <input type="checkbox"/>	Centrifuge Training required yes <input type="checkbox"/> no <input type="checkbox"/>	Supervisor's signature _____