

**WARNING- BY SIGNING THIS FORM,
YOU GIVE UP IMPORTANT LEGAL RIGHTS! PLEASE READ CAREFULLY!**

| | | | | |
|--------------------|-------------|------------------------------------------------------------|----------|--------------|
| Name of Volunteer | Last Name: | First Name: | | |
| Street Address: | | | | |
| | City: | Province: | Country: | Postal Code: |
| Phone Number: | () | Email Address: | | |
| Birth Date: | mm/dd/year: | (Note this is used to track destruction of this form only) | | |
| Parent or Guardian | Last Name: | First Name: | | |
| Emergency Contact: | Last Name: | First Name: | | |
| Relationship: | | Phone Number: | () | EXT: |

DISCLAIMER

The Governors of the University of Alberta, their officers, directors, employees, volunteers, students, members and representatives (hereafter referred to as "The University") are not responsible for any injury, loss or damage of any kind suffered by any person while participating in the below noted Volunteered Duties, unless such injury or loss or damage was caused by the negligence of the University.

VOLUNTEERED DUTIES: (identify briefly duties to be performed):

DEPARTMENT / FACULTY: _____

SUPERVISOR: _____ Telephone No. _____

DATES: From: _____ To: _____

LOCATION (where duties will be performed):

In consideration of the volunteer work as outlined above, I understand that my child is not entering into an employment relationship with the University of Alberta and that my child is not entitled to receive a salary or any employee benefits including workers' compensation. I understand that either the University or my child may terminate this volunteer relationship at any time without notice.

ASSUMPTION OF RISK

I am aware that there are physical risks associated with my child's Volunteer Duties, which include but are not limited to:

EQUIPMENT: any manner of injury resulting from misuse of equipment such as scissors, knives, computers, lab tools and any other related equipment used in the lab.

TRAVEL: injury or death that may result from the risks associated with travel to and from the locations to be visited including transportation by public or private motor vehicles.

MEDICAL/HEALTH INSURANCE

I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance for my child. No medical/health insurance will be provided by the University of Alberta. In the event of a medical/health problem, the University of Alberta accepts no responsibility for any costs associated with a medical/health problem nor will they pay for any medical/health expenses which may be incurred by my child.

Initials: _____

RELEASE OF LIABILITY AND INDEMNIFICATION

In consideration of the University allowing my child to participate in the Volunteered Duties, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my child's Volunteered Duties;
2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which my child might sustain while participating in the Volunteered Duties, unless such injury, loss or damage has been caused by the negligence of the University;
3. **TO HOLD HARMLESS, INDEMNIFY AND RELEASE** the University from liability for any and all claims, demands, actions and costs which might arise out of my child's participation in the Volunteer Duties, unless such claims, demands, actions and costs have been caused by the negligence of the University.

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon me, my heirs, executors, administrators and representatives.

Signed this _____ day of _____, 20 _____ at EDMONTON, ALBERTA.

Signature of Participant

Signature of Witness

Signature of Parent or Guardian

Printed Name of Witness

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of implementing this waiver. Direct any questions about this collection to: Chris Kazala, Program Manager at 780.492.1775

Note: Document must be copied to a single page back to back when used.

Signed documents must be filed with the Department/Faculty and be kept for further **ten years after the minor reaches the age of 18**