

VOLUNTEER REGISTRATION FORM
UNIVERSITY OF ALBERTA – Department of Biological Sciences

VOLUNTEER REGISTRATION AND WAIVER OF LIABILITY AGREEMENT

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

Volunteer Name _____ Date (dd/mm/yyyy): _____

Address: _____

Phone #: (home) _____ (work) _____

Emergency Contact Name: _____ Relationship: _____

Phone #: (home) _____ (work) _____

Volunteer Duties (Describe Briefly): _____

Location of Activity: _____ Start Date: _____ End Date: _____

Supervisor Name: _____

Please contact the Office of Environmental Health and Safety (492-1820) for safety training and/or immunization if applicable. Note that immunization protection from certain diseases may require a 3-month lead-time.

TO: THE GOVERNORS OF THE UNIVERSITY OF ALBERTA

In consideration of my volunteer work, I understand that I am not entering into an employment relationship with the University of Alberta and that I am not entitled to receive a salary from the University or any employee benefits including Workers' Compensation. I acknowledge that my duties and responsibilities have been explained in detail. I understand that either the University or myself may terminate this relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering at the University and I agree that I will not disclose any information without the prior written authorization from the University of Alberta. I understand that my obligation of confidentiality continues into perpetuity.

Initials: _____

ASSUMPTION OF RISK

I acknowledge that I am aware there are risks associated with or related to the duties described above that I will be required to perform. These risks include, but are not limited to:

1. the risks associated with travel to and from locations where my duties will be performed including transport by public or private motor vehicle, bus, train or other alternate transportation system.
2. any manner of injury resulting from use or misuse of equipment/tools required to perform my duties.
3. any manner of physical or mental injury (including death) that could result from being on University of Alberta property while carrying out my volunteer duties.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof.

Initials: _____

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MEDICAL/HEALTH AND OTHER PERSONAL INSURANCE

I am solely responsible to select and purchase adequate medical/health insurance. 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 the Volunteer.

The University does not insure personal vehicles or property for either employees or volunteers. Volunteers who will be driving their own personal vehicles on University business are urged to contact their insurance broker to ensure that they have adequate personal automobile and property insurance.

I freely accept and assume all responsibility to provide myself with medical/health insurance, personal insurance and travel insurance coverage (if necessary).

Initials: _____

WAIVER AND RELEASE OF LIABILITY

I hereby release the University from liability for any loss, damage or injury (including death), which I may sustain as a result of my volunteering duties as noted above, including any loss, damage or injury caused by the negligence of the University. I agree to be solely responsible for any such loss, damage or injury.

Initials: _____

ALBERTA Freedom of Information and Protection of Privacy Act (FOIPP):

By signing below, I consent to having the information in this document collected by The Governors of the University of Alberta. The personal information requested on this form is collected under the authority of the Universities Act and Section 32 (c) of the FOIPP Act. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIPP Act. For further information, contact the Information and Privacy Office at (780) 492-9419.

ACKNOWLEDGEMENT

I have read and understood 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, and administrators may have against the University.

Signed this _____ day of _____, 20____, at: _____, _____.

(day) (month) (year) (city / (town) (province)

Volunteer Printed Name

Witness Printed Name

Volunteer Signature

Witness Signature

The **signed ORIGINAL** shall be immediately sent to the Main office of the Department of Biological Sciences (CW405 Biological Sciences Building) and kept for at least five years.