

**UNIVERSITY OF MINNESOTA
DOCUMENT INFORMATION AND INSTRUCTIONS**

Form Ref.: OGC-SC105

Description: Volunteers and Visitors Lab Use Agreement

This form is intended for use of laboratory facilities and equipment by a volunteer or visitor. Department should retain the original and fax one copy to the Office of Risk Management and Insurance at 612-626-7271.

Here are the instructions on what information to enter in the word-fillable fields (when your cursor is in the word-fillable field, these instructions can also be found on the status bar located at the bottom of your computer screen). **PLEASE NOTE: If you do not have the information at hand to fill in the word-fillable field, you will need to insert an underline (____) so that you will have space to enter the information after you print out the agreement.**

For Internal Use Only Paragraph

Enter the External Sales Action Form number
Enter the dept's area/org (ex. 123/1000)

First Paragraph

Enter the name of the department
Give a description of the activity providing as much detail as possible
Enter the date the volunteer/visitor will first be at the lab (ex. March 15, 2004)
Enter the last date the volunteer/visitor will be at the lab (ex. December 31, 2004)

Lab User's Signature Block

Enter the name of the volunteer/visitor lab user
Enter the street address of the lab user (use business address; if not a business, then use home)
Enter the city, state & zip code (use that of the business address; if not a business, then use that of the home address)
Enter the phone number with area code, using business; otherwise, using home number (ex. (612) 666-9999)

Parent/Guardian Signature Block

Enter the name of the parent/guardian
Enter the street address of the parent/guardian
Enter the city, state and zip code of the parent/guardian
Enter the phone number with area code of the parent/guardian (ex. (402) 999-1111)

For Internal Use Only:

Lab Supervisor, PI, and/or Department Head

Enter the name of the lab supervisor, PI and/or Dept Head recommending the lab user
Enter the title of the lab supervisor, PI and/or Dept Head recommending the lab user
Enter the name of the lab supervisor, PI and/or Dept Head approving the recommendation
Enter the title of the lab supervisor, PI and/or Dept Head approving the recommendation



For Internal Use Only

Depts must provide:

ESAF #:

Area/Org:

UNIVERSITY OF MINNESOTA
LAB USE ASSUMPTION OF RISK AND RELEASE OF LIABILITY
FOR VOLUNTEERS AND VISITORS

I request permission to participate in activities in laboratory/office facilities connected with the Department of Health Careers Center at the University of Minnesota (the "University") in connection with the following activity:

Scrubs, Gloves and Microscopes High School Career Exploration Program

Because I am not a University student or employee, I understand that I will not be covered by any health and/or accident insurance while I am volunteering or visiting these facilities. I anticipate being at the University facilities for the period 10/1/2007 to 5/1/2008; however, I understand that the University has made no commitment to make the laboratory/office facilities available for any specific time period and I will leave and remove my personal property when asked to do so.

I agree to review the applicable Laboratory Safety Plan prior to participating in any laboratory activity and to follow all rules and directions from University personnel regarding use of the facilities and equipment. I understand, appreciate, and acknowledge there is a risk of injury from using the University facilities and equipment, including the potential for serious injury and death. I voluntarily assume the risk of any injuries (regardless of severity) and death, which I may incur due to negligence or accidental occurrences while I am using University facilities and equipment. I agree that if I am personally injured or suffer any loss of or damage to personal property, I will not attempt to claim coverage under any University insurance policy. Further, in consideration of the opportunity to use University facilities and equipment, I, on behalf of myself, my agents, heirs and next of kin, hereby release the Regents of the University of Minnesota and its employees and agents and other volunteers from any responsibility or liability for personal injury, including death, and damage to or loss of personal property, that I may incur due to negligence or accidental occurrences while I am using University facilities and equipment. The foregoing shall not apply to injuries, death, damage, or loss that was caused by the intentional, willful, or wanton acts of the University.

I certify that I have health and/or accident insurance coverage that will cover any personal injury that I may sustain while using University facilities and equipment, regardless of cause, and I agree to provide proof of such insurance upon request.

The University may seek to recover, and I agree to pay, the costs to replace or repair any equipment or other University property I damage while using the facilities, and I otherwise agree to be personally responsible for my own acts and for any medical care that may be rendered to me. I voluntarily assume the risk of damage to or loss of my personal property that may occur during my use of the facilities and equipment.

I, the undersigned, am at least eighteen (18) years of age and competent to sign this release on my own behalf, or not at least eighteen (18), but have had my parent or guardian also sign. I have read carefully and understand and agree to the terms and conditions of this release.

VOLUNTEER/VISITOR SIGNATURE

By: _____

Name:

Address:

Phone Number:

Date: _____

NOTICE

Volunteers and Visitors under eighteen (18) years of age must have this agreement signed by their parent or guardian.

This is to certificate that I, as parent/guardian with legal responsibility for this Volunteer/Visitor, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the University from any and all liabilities incident to my minor child's involvement as a Volunteer/Visitor, EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE

By: _____

Name:

Address:

Phone Number:

Date: _____

UNIVERSITY OF MINNESOTA

[Note: This Page Is For Internal Use Only]

LAB SUPERVISOR, PI, AND/OR DEPARTMENT HEAD: Please sign below to indicate your approval of the Volunteer/Visitor (named on the attached Lab Use Assumption of Risk and Release of Liability for Volunteers and Visitors) to use your lab facilities.

Recommended: _____

Name:

Title:

Date: _____

Approved: _____

Name:

Title:

Date: _____