

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

Name of Visitor	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)	
Emergency Contact:	Last Name:		First Name:	
Relationship:		Phone Number:	()	EXT:

ACTIVITIES/DUTIES: (identify briefly duties to be performed): _____

DEPARTMENT / FACULTY: _____

SUPERVISOR: _____ Telephone No. _____

DATES: From: _____ To: _____

LOCATION (where duties will be performed): _____

(Department/Faculty: Please contact the Office of Environmental Health and Safety (492-1810) for safety training and/or immunization if applicable. Note that immunization protection from certain diseases may require a 3 month lead time.

ACCEPTANCE OF RESPONSIBILITIES

In consideration of my visitor activities, 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 or any employee benefits or workers compensation. In the event that I am to receive payment from the University of Alberta, it will be in the form of an award, taxable living allowance, reimbursement for travel expenses, etc. This amount will be paid in Canadian funds and may be subject to taxation if required by Canadian taxation law. I understand that my duties and responsibilities have been explained in detail. I understand that either the University or myself may terminate this visitor 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 visiting 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.

1. I will follow all rules, guidelines and abide by any and all risk assessments, health and safety regulations and instructions received prior to or during the above noted visitor activities;
2. I acknowledge that I am subject to the University of Alberta's Policies and Procedures and that I represent the University of Alberta. I, therefore, agree to conduct myself accordingly at all times while performing my visitor activities.
3. If as part of my duties / responsibilities I am required to drive University vehicles while performing my visitor activities, I will meet all the necessary University of Alberta driver requirements and follow all policy and procedures related to those requirements.

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 or death 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 visitor 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: _____

MEDICAL/HEALTH INSURANCE, OTHER PERSONAL INSURANCE and UNIVERSITY OF ALBERTA INSURANCES

I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance. 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 Visitor.

The University **does not** insure personal vehicles or property for either employees or visitors. Visitors who bring personal property with them or 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: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the University of Alberta allowing me to visit the University of Alberta, I agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the University of Alberta, and its board members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively included in the term "University of Alberta") as a result of my visitor activities;
2. **TO RELEASE THE UNIVERSITY OF ALBERTA** from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my visitor activities due to any cause whatsoever, including without limitation:
 - (a) negligence, breach of contract, breach of any statutory or other duty of care, including any duty of care owed under the Occupiers' Liability Act, RSA 2000, c. O-4, on the part of the University of Alberta;
 - (b) any loss or damage to property or any personal injury (including death) or any inconvenience or delay occasioned by reason of the service or defect in any train, vessel, carriage, aircraft, bus, motor vehicle or other conveyance or through the act, error, neglect, negligence, default or wilful misconduct of any company or person engaged in conveying the participants of this visitor activities;
 - (c) any loss or damage to property or any personal injury (including death) or any inconvenience or delay occasioned by the proprietor, employee or service of any hotel, hostel, or other type of accommodation that may be used by the participant;
3. **TO HOLD HARMLESS AND INDEMNIFY THE UNIVERSITY OF ALBERTA** from any and all liability for any damage or loss to the property of (including accommodations, equipment or facilities), or personal injury (including death) to any third party, resulting from my visitor activities.

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: Academic Visitors Office at (780) 492.5079 or (780) 492.1299, email: pdfo@ualberta.ca

ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, in entering into this Agreement, I am not relying upon any oral or written representations or statements made by the University of Alberta other than what is set forth in this Agreement. I am aware that by signing this agreement, I am **WAIVING CERTAIN LEGAL RIGHTS**, which I or my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity may have against the University.

Signed this _____ day of _____, 20_____, at Edmonton, Alberta.

Signature of Visitor

Signature of Witness

Printed Name of Visitor

Printed Name of Witness

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 a minimum of **five years**