

Dear volunteer/ visitor to the Department of Biology,

Thank you for offering to volunteer/ visit our department and its laboratories. Your duration of stay is as stated in the attached **Release of Liability** form that you must sign. During your stay you will be conducting research through laboratory and/or field work under the supervision of the professor in charge of the particular lab where you will be working.

To work in the department you must be familiar with all regulations and procedures of the University and the Biology Department regarding occupational health and safety (see <http://www.safety.queensu.ca/>, especially the new employee health and safety orientation) as well as the Biology Safety Manual (please see lab you are working and/or the general office for this manual).

While working for a particular laboratory, you must familiarize yourself with and follow all safety practises, procedures and rules of the particular laboratory in which you will work.

You must provide evidence of protection under Workers' Compensation and/or a medical insurance plan such as OHIP or similar private medical plan to the staff person or professor supervising the laboratory where you will work.

Thank you for assisting in making the Department a safe and productive workplace.

Sincerely

Brian Cumming

Head, Department of Biology

Release of Liability for Visitors and Volunteers to the Department of Biology

Visitor or volunteer name: _____

Dates of Visiting/ Volunteering Period: From _____ to _____

Part A: Visitor or Guest

In consideration of Queen's University at Kingston permitting me to work as a visitor or volunteer at the Biology Department for the purpose of the following activities: **assisting in research through laboratory work and/or field work**, and in acknowledgement of the fact that my activities on University property, while being conducted with the consent of the Department Head, Brian Cumming, are not being performed at the request or on behalf of the University. If fieldwork is to be undertaken as a volunteer, you are responsible to sign off on the OCASP safety forms.

I, _____, hereby release Queen's University, its officers, employees, agents, students and volunteers from any claim or action whatsoever for damages, loss or injury suffered by me or any claim brought against me arising as a result of the said activities unless such damages, loss or injury are due to a negligent act or omission of Queen's University, its officers, employees, agents, students or volunteers.

I attest that I am familiar with all of the regulations and procedures of the University and the Department regarding occupational health and safety.

I attest that I have appropriate medical protection under Worker's Compensation and/or medical insurance plan (as Queen's student or employee), such as OHIP or similar medical plan (government or private).

Visitor/ Volunteer Signature _____ Date _____

Witness Signature _____ Date _____

Part B: Host or On-site Supervisor

As supervisor (staff or professor) for the guest (visitor or volunteer) named above, I attest that:

I have made available all of the regulations and procedures of the University and the Department regarding occupational health and safety.

I have obtained evidence of their protection under Workers' Compensation and/or a medical insurance plan such as OHIP or similar private medical plan.

I am prepared to provide appropriate supervision to the visitor or volunteer while they are on site and working under the supervisor.

Supervisor Signature _____ Date _____

Part C: Department Head

By signing this fully executed form, I provide my consent for the volunteer or visitor to conduct the duties described for the periods noted.

Brian Cumming, Head _____ Date _____