

# **NORTHWESTERN UNIVERSITY**

## **Volunteers and Visitors Facility Use Agreement**

### **Document Information and Instructions**

As a leading research Institution, Northwestern University provides various resources which individuals would like the opportunity to access. Insofar as possible, and consistent with the University's primary responsibility to its students, faculty, and staff, the University makes such resources available to qualified individuals, as well as researchers from other national and international academic communities.

The following agreement covers situations involving individuals who are looking to visit Northwestern facilities and/or participate in activities there. Volunteers and visitors are defined as individuals who have the opportunity to experience an activity at the University who would not otherwise have the opportunity to do so.

This form must be completed before a volunteer or visitor can gain access to a University laboratory, facility, or equipment. Departments should retain the original and e-mail a scanned copy to: [intern-volunteer@northwestern.edu](mailto:intern-volunteer@northwestern.edu) or fax a copy to 847-563-1324.

**FACILITY USE ASSUMPTION OF RISK AND RELEASE OF LIABILITY  
FOR VOLUNTEERS AND VISITORS**

I request permission to participate in activities in laboratory/other facilities connected

with the Department of \_\_\_\_\_

at Northwestern University ("University") in connection with the following activity:

\_\_\_\_\_

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

\_\_\_\_\_ to \_\_\_\_\_

; however,

I understand that the University has made no commitment to make the laboratory/other 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 any applicable laboratory safety procedures and protocols 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. I voluntarily assume the risk of any injuries I may incur 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 Northwestern University and its trustees, officers, employees and agents from any responsibility or liability for personal injury, including death, and damage to or loss of personal property, that I may incur while I am using University facilities and equipment.

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 am competent to sign this release. I have read carefully and understand and agree to the terms and conditions of this release.**

**VOLUNTEER/VISITOR SIGNATURE**

Signature: \_\_\_\_\_

Print 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 certify 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**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**[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:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_