

**INFORMED CONSENT WAIVER  
VOLUNTEERS AND VISITING SCHOLARS**

**VOLUNTEER AND VISITING SCHOLAR REGISTRATION AND WAIVER OF LIABILITY  
AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE  
RIGHT TO SUE, OR CLAIM COMPENSATION FOLLOWING AN INJURY, ILLNESS, DAMAGE  
TO HEALTH OR PROPERTY**

**PLEASE READ CAREFULLY**

Name of Volunteer or Visiting Scholar:

Address of Volunteer or Visiting Scholar:

Telephone Number:

Email:

Emergency Contact:

Telephone Number:

Volunteer or Visiting Scholar Duties: (Briefly describe the duties that will be performed below)

Location (where duties will be performed):

Department:

(Host Department): Direct Volunteer/Visiting Scholar to [Human Resources Web page on Unpaid Employees](#)

Supervisor:

Date: From:

To:

## **TO THE GOVERNORS OF TRENT UNIVERSITY**

I acknowledge and agree that my participation in this program is purely voluntary and does not create an employment relationship. I acknowledge and agree that I am not entitled to receive any compensations, salary, benefits, or privileges of any kind from Trent University. I agree to comply with all the University's policies and procedures while fulfilling my duties and responsibilities noted above, which includes but is not limited to, Trent University's Health and Safety and Workplace Violence and Harassment Policy. I acknowledge that I have been provided with copies of all applicable policies and I further acknowledge that I have read them and agree to comply with them.

I acknowledge that my duties and responsibilities have been explained in detail, I understand that either Trent University or I may terminate this volunteer/visiting scholar relationship at any time without notice. I also understand that during my volunteer and/or visiting scholar relationship, I may be exposed to or receive confidential, sensitive, or proprietary information. I acknowledge and agree to maintain the confidentiality of such information and will not disclose any such information without the prior written authorization from Trent University. I understand that my obligation of confidentiality continues into perpetuity.

**Signature or Initials:**

### **ASSUMPTION OF RISK:** (Check boxes below to acknowledge)

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;

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.

Any manner of injury, including chemical exposure, concussion or traumatic head injury, resulting from use or misuse of equipment/tools required to perform my duties.

Any manner of physical or mental injury (including death, concussion or traumatic head injury) that could result from being on Trent University property while carrying out my volunteer duties.

Loss, damage, injury, illness, death or expense that I may, or that members of my household(s) may suffer, including the contraction of a Communicable Disease as a result of my participation in this Activity. Communicable Diseases include, but are not limited to, any disease that can be transmitted from one person to another including viruses, bacteria, parasites or other organisms.

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.

**Signature or Initials:**

**MEDICAL/HEALTH INSURANCE, OTHER PERSONAL INSURANCE,**  
**TRENT UNIVERSITY INSURANCES AND WSIB COVERAGE**

I am solely responsible to select and purchase adequate medical/health insurance. No medical/health insurance is provided by Trent University. In the event of a medical/health problem, Trent University 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 me as a volunteer or visiting scholar.

I acknowledge and understand that I am not covered by the University's Workers Compensation Insurance. The University does not insure personal vehicles or property for volunteers or visiting scholars. Volunteers or visiting scholars 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.

As an authorized volunteer or visiting scholar you are included as an “additional insured” on the University’s general liability insurance policy. This means that while properly carrying out your volunteer responsibilities or your responsibilities as a visiting scholar you are insured against liability claims from third parties for property damages, bodily injury and personal injury as long as you have not wilfully, maliciously or with real intent caused the injuries.

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

**Signature or Initials:**

## **WAIVER AND RELEASE OF LIABILITY**

**I hereby release,** waive, and discharge the University, its officers, employees, agents, and affiliates from any and all claims, actions, or liabilities for injuries, damages, or losses (including death) which I may sustain as a result of my volunteer duties (or visiting scholar duties), as noted above, including any loss, damage or injury caused by negligence or otherwise. I agree to be solely responsible for any such loss, damage or injury.

**Signature or Initials:**

The information on this form is collected under the authority of the **Trent University Act, 1963** and is needed to collect personal information related to your role as an authorized volunteer or visiting scholar. Under this Act, Section 18 (3) (c) information will be used for contact purposes (if this personal information will be used for any other reasons please specify the reason for this collection of information). Questions or concerns about the collection or use of this information may be directed to Access and Privacy Officer, University Secretariat, 705-748-1011 x 1387.

## **ACKNOWLEDGEMENT**

I have read and understand 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                      ,

**Signature of Volunteer or Visiting Scholar**

**Signature of Witness**

Name of Witness

**Please keep a copy of this waiver for your departmental records and c.c. Risk Management**