

Release of Liability for Visitors and Volunteers  
Department of Biomedical and Molecular Sciences

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 Department of Biomedical and Molecular Sciences 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, Dr. Lynne Postovit, 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	<input type="text"/>	Date	<input type="text"/>
Witness Signature	<input type="text"/>	Date	<input type="text"/>

**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	<input type="text"/>	Date	<input type="text"/>
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**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.

Dr. Lynne Postovit, Head	<input type="text"/>	Date	<input type="text"/>
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