

# VOLUNTEER REGISTRATION AND WAIVER OF LIABILITY

**Thank you for volunteering with the University of Alberta's Department of Drama. Many of our productions and projects would not be possible without the participation of volunteers. We appreciate your volunteer contribution and want to ensure that your volunteer experience is a safe and rewarding one.**

Please take the time to read and complete the following agreement and *please print legibly!*

First Name:	Last Name:		
Street Address:			
City:	Province:	Country:	Postal Code:
Phone Number:	Email Address:		
Emergency Contact Name:			
Relationship:	Phone #:	Alt Phone #:	

**DEPARTMENT/FACULTY:** Drama/Faculty of Arts

**PRODUCTION/PROJECT TITLE:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**DATES:** From: \_\_\_\_\_ To: \_\_\_\_\_

**LOCATION:**  Fine Arts Building, Room: \_\_\_\_\_ and/or  Timms Centre, Room: \_\_\_\_\_

**DUTIES:** (Provide a brief description of the activities/duties of the volunteer)

**ACCEPTANCE OF RESPONSIBILITIES**

In consideration of my volunteer work, I understand that:

- I am not an employee of the UofA, I am not entitled to payment and I am not entitled to employee benefits.
- My duties and responsibilities have been explained to me in detail.
- Either the University or I may terminate this volunteer relationship at any time without notice.
- I may be privy to confidential information and I will respect that confidentiality until such time as I receive written notice that the information is no longer confidential.

**ASSUMPTION OF RISK**

I am aware that there may be risks associated with or related to the duties described above. These risks may include, but are not limited to:

- the risks associated with travel to and from locations where my duties will be undertaken including transport by public or private motor vehicle, bus, train or other alternate transportation system,
- any manner of injury or death resulting from use or misuse of equipment/tools required to perform my duties, and
- any manner of physical or mental injury that may result from being on University of Alberta property while carrying out my volunteer duties.

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

I am solely responsible to select and purchase adequate medical/health insurance. No medical/health insurance will be provided by the University of Alberta. In the event of a medical/health problem, the University of Alberta accepts no

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responsibility for any costs associated with said problem nor will they pay for any expenses which may be incurred by the Volunteer in dealing with the problem.

The University does not insure personal vehicles or property for volunteers. Volunteers who bring personal property with them or who will be driving their own vehicles on University business are urged to contact their insurance broker to ensure that they have adequate automobile and property insurance.

**As a registered volunteer, while properly carrying out your volunteer responsibilities, you are insured under the University's general liability insurance policy against legal liability claims from third parties for property damages, bodily injury and personal injury as long as you have not willfully, maliciously or intentionally 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).

## **WAIVER AND RELEASE OF LIABILITY**

I hereby release the University from liability for any loss, damage or injury, which I may sustain as a result of my volunteering duties as noted above, including any loss, damage or injury unless caused by the negligence of the University. I agree to be solely responsible for any such loss, damage or injury.

## **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 which 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.

Further, I acknowledge and agree:

1. I will follow all guidelines for infection prevention and control as required, including social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to prevent the spread of COVID-19 and other communicable diseases.
2. I will follow health authority self-isolation guidelines and stay home if I feel ill.
3. I understand that wearing a mask is **mandatory** in all indoor common areas and everywhere 2 meter distancing is not possible, on all University of Alberta properties.
4. I will stay informed and check the [U of A COVID-19 site](#) regularly for information on the current status of our community and campuses.
5. I will follow the [COVID-19 Procedure for Sick Students](#) and report any concerns I have about my safety to my Supervisor and/or the Dean of Students at [dosdean@ualberta.ca](mailto:dosdean@ualberta.ca)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at Edmonton, Alberta

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Printed Name of Witness

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.

**Please return signed copies to HELEN in the Drama Department, 3-146 Fine Arts Building.  
These documents will be filed by the Department and kept a minimum of five years.**