

**RELEASE OF LIABILITY FORM
FACULTY OF APPLIED SCIENCE**

In consideration of the Faculty of Applied Science, Queen's University at Kingston permitting me to carry out activities on the University campus as a

- Volunteer (working on behalf of the University without pay)
Visitor (carrying out an activity for a person or agency other than the University)

At

(location of activity e.g. department or laboratory)

for the purpose of

(Nature of activity – description and purpose)

and, in acknowledgement of the fact that I willingly consent to do these activities with the knowledge and agreement of the department head, I,

(name of visitor/volunteer)

herby release Queen's University, its officers, employees, agents, students, volunteers and visitors 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 said activities unless such damages, loss or injury is due to a negligent act or omission of Queen's University, its officers, employees, agents, students, or volunteers. I further acknowledge that, with the assistance of the department head or delegate, I have the responsibility of becoming familiar with all regulations, policies, procedures of the University regarding occupational health and safety matters relating to the conduct of my activities while at Queen's University.

Date of activity period from _____ to _____

Signatures:

Volunteer/visitor)

(date)

Supervisor

(date)

(department head)

(date)