

DIGITAL SCHOLARSHIP CENTRE
**WARNING - BY SIGNING THIS FORM,
YOU GIVE UP IMPORTANT LEGAL RIGHTS! PLEASE READ CAREFULLY!**

Name (User) :		Please circle :	Staff / Student / Visitor / Volunteer
Address:		ID # (if applicable) :	
E-Mail :		Telephone No. :	

Room Number & Location:	
Purpose:	
Date(s)	

DISCLAIMER & INDEMNIFICATION

The Governors of the University of Alberta, Digital Scholarship Centre, their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereafter referred to as "the University") are not responsible for any death, injury, loss or damage of any kind suffered by any person while occupying or using the above noted location and related equipment and/or University premises and facilities. The user shall assume full responsibility for the discipline of himself/herself and others who may be in attendance and agree to indemnify and hold harmless "the University" from and against any and all claims for property damage, bodily injury or death, arising from or related to occupying or using the above noted location and related equipment and/or University premises and facilities.

RESPONSIBILITIES AND ASSUMPTION OF RISK

I understood and agreed that I have taken the necessary steps required to educate myself on the use of the equipment and also acknowledge that I am aware of and assume the RISKS, DANGERS AND HAZARDS associated with the use of the University facilities and equipment, including, but not limited to:

- all manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc., and broken or cut bones resulting from equipment/mechanical failure, misuse or improper use of the equipment or techniques by myself or others; and
- electrocution, slip and fall, trip and fall or flying debris from use of equipment/tools, dropping equipment/tools or noxious fumes.

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. I further agree to pay for any cost of repairs incurred by the University in the event of any loss or damage to University of Alberta's facility/equipment that is under my care, custody and control.

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 [state specific uses for which the information is collected]. Direct any questions about this collection to: Lydia Zvyagintseva, Head, Digital Scholarship Centre, University of Alberta Libraries at 780.492.2841

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon me, my heirs, executors, administrators and representatives.

Signed this _____ day of _____, 20_____, at _____, ALBERTA.

Signature of Candidate

Signature of Witness

Print Name of Witness

Note: Document must be copied to a single page back to back when used.
Signed documents must be filed with the Department/Faculty and be kept for a minimum of five years