



**LAB USE ASSUMPTION OF RISK AND RELEASE OF LIABILITY
FOR VOLUNTEERS AND VISITORS (non-minors)**

In consideration of the opportunity to observe and/or use University Facilities and equipment, and become further educated in their use and potential for research and education, I request permission to participate in activities in laboratory/office facilities connected with the Department of of:

_____ at University of Michigan ("University") in connection with the following activity:

Because I am not a University student or employee, I understand that I will not be covered by any health and/or accident insurance while I am volunteering or visiting these facilities. I anticipate being at the University for the period from:

_____ to _____

however, I understand that the University has made no commitment to make the laboratory/office facilities available for any specific time period and I will leave and remove my personal property when asked to do so.

I agree to review any applicable laboratory safety procedures and protocols prior to participating in any laboratory activity and to follow all rules and directions from University personnel regarding use of the facilities and equipment. I will attend all training as required. I understand, appreciate, and acknowledge there is a risk of injury from using the University facilities and equipment, including the potential for serious injury. I voluntarily assume the risk of any injuries I may incur while I am using University facilities and equipment. I agree that if I am personally injured or suffer any loss of or damage to personal property, I will not attempt to claim coverage under any University insurance policy. Further, in consideration of the opportunity to use University facilities and equipment, I, on behalf of myself, my agents, heirs and next of kin, hereby release, waive, discharge and covenant not to sue The Regents of University of Michigan, its officers, employees and agents from any responsibility or liability for any and all claims including the negligence of The Regents of the University of Michigan, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to the use of University facilities and equipment.

I certify that I have health and/or accident insurance coverage that will cover any personal injury that I may sustain while using University facilities/equipment and I agree to provide proof of insurance upon request.

The University may seek to recover, and I agree to pay, the costs to replace or repair any equipment or other University property I damage while using the facilities, and I agree to be personally responsible for my own acts and for any medical care that may be rendered to me. I voluntarily assume the risk of damage to or loss of my personal property that may occur during my use of the facilities and equipment.

I, the undersigned, am at least eighteen (18) years of age and am competent to sign this release. I have read carefully and understand and agree to the terms and conditions of this release.

VOLUNTEER/VISITOR SIGNATURE

Signature: _____ **Date:** _____

Print Name: _____

Address: _____

Phone Number: _____