



Anatomy Laboratory Tour for School Groups

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter referred to as the "Release Agreement").
BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT
PLEASE READ CAREFULLY!

INITIAL

In order to ensure that visitors (to be known as the Participant), as well as volunteers and supervising teachers (to be known as Activity Supervisors) and the University's activity staff or volunteers (to be known as University Contact), are aware of the risks and hazards present, information is provided on health and safety concerns related to organised activities.

The activity concerned is an Anatomy Laboratory Tour (to be known as the Activity), occurring at the University of Ottawa – Roger Guindon campus, 451 Smyth Road (to be known as the Location), occurring on _____ (Date) **IS NOT**

MANDATORY on the Participant's behalf in order to obtain course credit or meet other work or educational requirements.

The Participant's parent or legal guardian freely accepts and fully assumes all risks, dangers, and hazards and the possibility of personal and bodily injury, death, property damage, or loss resulting from such risks, dangers and hazards. The risks, dangers, and hazards may include but are not limited to:

- Exposure to hazardous materials
- Laboratory risks
- Theft of Personal Items
- Equipment

The Participant's guardian acknowledges and further accepts the responsibility of discussing their participation in the activity with their physician as required. By signing this document the Participant's guardian:

- Agrees to freely accept such risks, dangers and hazards inherent in undertaking the Activity.
- Understands that no remuneration, compensation, employee benefit, or any other privilege enjoyed by University employees or students is entitled as a result of participating in the Activity.
- Understands that Participants are not covered by the Workplace Safety and Insurance Board for injuries arising as a result of the Activity.
- Agrees that it is the responsibility of the Participant to familiarise themselves with the health and safety requirements that are applicable to the Activity by participating in hazard awareness training, by meeting personal protection requirements, by following directives provided by Activity Supervisors and/or University Contact, and by respecting emergency situation guidelines.
- Agrees that the Participant will follow University procedures, respect health and safety requirements, both on and off University property, while participating in the Activity.
- Agrees that the Participant will not to undertake any procedure, process, activity that was not discussed or reviewed with the Activity Supervisor and University Contact and without first obtaining training, instruction, and/or supervision by the designated competent supervisor.
- Understands and fully accepts that if the Participant chooses to participate in any other activity that is not part of the planned Activity, that the Participant and/or Guardian will be fully responsible for the consequences of their conduct.
- Understands and fully accepts that if the Participant fails to observe any conditions or rules established during the course of the Activity, that the Participant may be asked to leave.

CODE OF CONDUCT IN THE ANATOMY LABORATORY

Access to the Anatomy Laboratory is a significant privilege; it is important that cadavers be treated with the greatest respect at all times. It is your responsibility to observe and adhere to the following rules of conduct while in the Anatomy Laboratory:

1. Users of the Anatomy Laboratory must behave professionally at all times.
2. Fulfill the expectations of the donors, and honor their wishes by studying the cadavers with purpose and respect. Treat the cadaver as you would wish your own body or that of a member of your family to be treated.
3. Neither the cadaver nor any parts thereof are to be positioned or displayed in an inappropriate, comical or obscene manner.
4. It is forbidden to photograph or record images of the cadavers or any parts thereof.
5. It is forbidden to remove the cadavers or any parts thereof from the Anatomy Laboratory.
6. No visitors are allowed without permission.
7. No drinking, eating or chewing gum in the laboratory at any time.
8. Clean clothing must be worn at all times. Always wear a knee length laboratory coat, and footwear that cover your toes. Baseball caps are not permitted. The access to the anatomy laboratory will be denied if this is not respected.
9. Unprofessional or inappropriate comments or behavior will not be tolerated.

By signing this document, I confirm that I have read and understood the above Code of Conduct and I agree to abide by them.



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Anatomy Laboratory Tour for School Groups Continued...

Participants under 18 years of age

I CONSENT to the Participant's presence at the Activity and **I ACCEPT AND FULLY ASSUME** all such (health and safety risks), dangers and hazards which may be associated with his or her participation.

I AGREE TO WAIVE ANY AND ALL CLAIMS that the Participant has or may have in the future have against the University of Ottawa, its respective Board of Governors, officers, directors, employees, agents, independent contractors, subcontractors, representatives, successors and assigns, and all instructors, coaches, managers, volunteers, sponsors, officials and officers in any way involved or connected with the Activity (herein after collectively referred to as the Releasees) arising out of the Participant's participation in the Activities and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that the Participant may suffer or that his or her next of kin may suffer during the Participant's participation in the Activity, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT THE PARTICIPANT FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY REFERRED TO ABOVE.**

Upon the University's request, **I AGREE** to pick up the Participant should he or she fail to follow the University's rules, instructions or directions. I the undersigned declare that I am the parent or legal guardian of the Participant identified below. I agree to inform the Participant about the guidelines of this program and the University of Ottawa requirements.

I HAVE BEEN GIVEN THE OPPORTUNITY AND HAVE BEEN ENCOURAGED TO SEEK INDEPENDENT LEGAL ADVICE PRIOR TO SIGNING THIS AGREEMENT.

Print name of Parent/Legal Guardian (Children under 18 years of age)

Print name of Participant (Child)

Signature of Parent/Legal Guardian (Children under 18 years of age)

Telephone number at work:

Telephone at home/cellular phone

Important For All Participants

Name of other emergency contact outside of University

Telephone number

ACTIVITY SUPERVISOR

I, _____, am the Teacher or Volunteer responsible for the Participant during the course of the Activity.

- I have informed the Participant and Parent / Guardian on the matters set out in this waiver
- I agree to assume full responsibility for supervising the Participant during the Activity.
- I agree to notify the University Contact of any incident, conduct, and any other matter relating to the Participant's conduct during the Activity as applicable.

Signature

Date

Telephone Number

UNIVERSITY CONTACT

I, _____, am the person responsible for ensuring safety requirements are adhered to and ensuring equipment and supplies are available for this Activity.

- I have informed the Dean, or his delegate about the Activity.
- I agree to assume full responsibility for supervising the Activity.
- I agree to notify the Dean, Protection Services, and Office of Risk Management of any incident, conduct, and any other matter relating to the participant's conduct during the Activity as applicable.
- I agree to notify the Activity Supervisor of any safety infraction for their immediate action during the Activity.
- I will ensure that the Participant receives the required health and safety information before the start of the Activity.

Signature

Date

Telephone Number