

## Visitor and Volunteer Lab Agreement

*This agreement covers situations involving any individual or company/entity (including non-profit organizations) seeking to visit, attend, volunteer at, observe, use, etc. Northwestern labs, facilities, equipment, tools, machinery, etc. If representing a company/entity, Northwestern retains the right to request evidence of insurance coverage in the form of a certificate of insurance.*

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I am not a University student or employee. I request permission to enter and visit Northwestern University ("University") premises to participate in activities in laboratories/other facilities related to the Department/Unit/PI \_\_\_\_\_ in connection with the following activity:  
\_\_\_\_\_.

In consideration of entering and visiting the University's premises and participating in the above activities, including the opportunity to visit and use University facilities and equipment, I hereby agree to the following on behalf of myself and my family, estate, heirs, next of kin, companies, employers, agents, representatives, successors and assigns (collectively referred to as "We" or "Us"):

We will not be covered by any University insurance, including health and accident (except for any J-1 and B1/WB visiting scholar who is properly enrolled and participating in the University's Visiting Scholar Plan (VSP), but only to the extent any such coverage is applicable). I will be at the University for the period from: \_\_\_\_\_ to \_\_\_\_\_. I will review and agree to all applicable University policies, rules, regulations, procedures and protocols, including with respect to safety, prior to entering any laboratory or other facility. I will immediately follow all rules, requests and directions from University personnel, including regarding the use of the facilities and equipment. We understand and acknowledge that there are risks associated with visiting the University, including attending and using facilities and equipment, including the potential for property loss, injury, accident, illness, disability, death and other risks, harms, losses, liabilities and damages (collectively "Injuries"). We voluntarily assume the risk and liability of all Injuries that We may incur while I am at the University, including attending and using facilities and equipment.

Further, We hereby forever release and discharge and will indemnify, defend and hold harmless the University and its trustees, officers, employees, students, volunteers, representatives and agents (collectively, "Indemnitees") from, and hereby forever waive, any and all liabilities and claims of or relating to Injuries, except to the extent directly caused by the gross negligence or willful misconduct of the University.

I certify that I have health and accident insurance coverage that will fully cover any Injury that We may sustain while at the University, including visiting or using facilities and equipment, regardless of cause, and I agree to provide proof of such insurance upon request. We acknowledge and agree that the University may recover from Us the costs to replace or repair any facilities, equipment or other University property damaged by me, and We otherwise agree to be responsible and liable for my acts, omissions, conduct and for any medical care that may be rendered to me. We voluntarily assume the risk of damage to or loss of my personal property that may occur while at the University, including during my use of the facilities and equipment.

**I, the undersigned, am at least eighteen (18) years of age, competent to sign and have read carefully, understand, and agree to the terms and conditions of this agreement, including its release, waiver, indemnity and assumption of risk.**

Acknowledge and agreed to by:

### VISITOR/VOLUNTEER

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE: Visitors and volunteers under eighteen (18) years of age must have this agreement signed by their parent or guardian.** This is to certify that I, as parent/guardian with legal responsibility for this Visitor/Volunteer, do hereby agree to this agreement (including its release, waiver, indemnity and assumption of risk) and consent to his/her entering this agreement (including its release, waiver, indemnity and assumption of risk as provided above) on behalf of myself and the Visitor/Volunteer and our families, estates, heirs, next of kin, agents, representatives, successors and assigns. For the avoidance of doubt, I, on behalf of myself and the Visitor/Volunteer and our families, estates, heirs, assigns, next of kin, agents, representatives and successors, hereby forever release and discharge and will indemnify, defend and hold harmless the Indemnitees from, and hereby forever waive, any and all liabilities and claims of or relating to the Visitor's/Volunteer's Injuries, to the fullest extent permitted by law, except to the extent directly caused by the gross negligence or willful misconduct of the University.

Acknowledge and agreed to by:

**PARENT/GUARDIAN SIGNATURE**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

[Note: This Page Is For Internal Use Only]

**LAB SUPERVISOR, PI, AND/OR DEPARTMENT HEAD:** Please sign below to indicate your approval of the Volunteer/Visitor (named on the attached Visitor and Volunteer Lab Agreement) to use your lab facilities.

Recommended:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_