

Anatomy Laboratory Visit Supervised by Medical Students

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 visitors and volunteers (to be known as the Participant) are aware of the risks and hazards present, information is provided on health and safety concerns related to organised activities.

The activity concerned Anatomy Laboratory Visit (to be known as the Activity) occurring at the University of Ottawa – Roger Guindon campus, 451 Smyth Road (Location), on _____ (Dates) **IS NOT MANDATORY** on the Participant's behalf to obtain course credit or meet other work or educational requirements.

The Participant freely accepts and fully assumes all such 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
- Processes
- Theft of Personal Items
- Laboratory risks
- Equipment

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

- 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 health and safety requirements applicable to the Activity.
- Agrees to participate in hazard awareness training, to meet personal protection requirements, to follow directives provided by Activity leaders, and to respect emergency situation guidelines.
- Agrees to follow University procedures, respect health and safety requirements on or off University property while participating in the Activity.
- Agrees not to undertake any procedure, process, activity that was not discussed or reviewed with the Activity supervisor 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 they are 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.



uOttawa

Anatomy Laboratory Visit Supervised by Medical Students Continued...

Persons over 18 years of age

I ACCEPT AND FULLY ASSUME all such (health and safety) risks, dangers and hazards which may be associated with my participation.

I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may 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 my participation in the Activities and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer during my 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 ME FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY REFERRED TO ABOVE.

Upon the University's request, **I AGREE** to leave the Activity should I fail to follow the University's instructions or directions.

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

I further confirm that I have read and understood the Code of Conduct in the Anatomy Laboratory and I agree to abide by them.

Signature of Participant

Print name of Participant

Date

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 (Medical Student)

I, _____, am the person responsible for the Participant during the course of the Activity.

- I have informed the Participant on the matters set out in this waiver, particularly the insurance requirements.
- I agree to assume full responsibility for supervising the Participant during the Activity.
- I agree to notify the Dean, Protections 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 have ensured the Participant has received the required health and safety training before the start of the Activity.

Signature (Medical Student)

Date

Approved by:

Signature (Professor)

Date

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 or eating 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. Parts of the cadaver that are not in actual use should be well covered and moistened. Be certain to fully cover the cadaver up after use.
10. Unprofessional or inappropriate comments or behavior will not be tolerated.