uvmlogo2

**MEMORANDUM OF UNDERSTANDING**

**Visiting Worker in UVM Laboratory**

In consideration of the University of Vermont allowing non-affiliate (name of non-affiliate) to work in the (name of lab supervisor) Laboratory in (lab building), beginning (date) through (date), it is understood that such activity is voluntary and that I will receive no academic credit or remuneration. The nature of my service will include (list tasks to be completed) and is intended to give me some useful work experience.

I understand that I will be considered a *volunteer* of the University of Vermont and that workers’ compensation insurance coverage is available to me for injuries that may arise out of my volunteer work in the laboratory. I agree to report any injuries to the laboratory supervisor as quickly as possible.

I have been provided with online chemical safety training, lab-specific training and training in UVM’s hazardous waste disposal protocol. I have been provided with adequate personal protective equipment and agree to utilize such protective equipment as appropriate.

THEREFORE, in consideration of the University of Vermont allowing me to work in this Laboratory, I hereby accept workers compensation as the sole remedy for any injuries I may sustain while performing such volunteer work. I also agree to release, relieve, and hold harmless the University of Vermont, its trustees, officers, employees, and agents from any liability or claim of liability, including liability for bodily injury or property damage arising out of or in connection with my volunteer work except such liability or claim of liability that may result from intentional wrongful acts committed by, or from the sole negligence of, the University of Vermont, its trustees, officers, employees and agents.

By signing below, I acknowledge that I have read this document and am signing it voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Non-affiliate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Non-affiliate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

[The UVM Laboratory Supervisor will retain this completed form and make it available as needed.]