

Memorial University of Newfoundland

Permission to Bring Family Members on University Business

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE PERMISSION MAY BE GRANTED.

Family Member(s) Name(s): _____

In consideration of being permitted to allow Family Members to accompany me on a University Business Trip (the “Trip”), being held by Memorial University of Newfoundland (the “University”) during the period _____ to _____, I, _____, the employee responsible for the Family Member(s), acknowledge, appreciate and agree that:

- I have received approval from the Department Head, Dean or Director that the Family Member(s) will be accompanying me on University business;
- The Family Member(s) will not be placed in high risk areas, including but not limited to, laboratories, areas with potential exposure to radiation and hazardous materials, etc;
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the University;
- I agree to assume full responsibility for the supervision of the Family Member(s) during all times during the Trip;
- I agree to immediately notify the Dean or Directors, and the Department of Enterprise Risk Management of any incident, conduct, and any other matter relating to my Family Members conduct during the Trip;
- I agree that it is my responsibility to familiarize myself and my Family Members with environment and health and safety requirements applicable to the Trip;

- I understand that Family Members are not entitled to remuneration, compensation, employee benefit, or any other privilege enjoyed by University employees or students as a result of participating in the Trip;
- The Family Members are not covered by the University's insurance policies or worker's compensation program. The Family Members are solely responsible for determining the insurance coverage they require, including, but not limited to, medical and/or health, liability, and property insurance. The Family Members are responsible to arrange and pay for any and all insurances and worker's compensation coverage.
- I understand that the University assumes no responsibility for personal injury or loss of or damage to personal property of Family Member(s);

Employee Signature

Date

Family Member Signature (if over age 19)

Date

Dept. Head/Dean/Director

Date