



**RELEASE FORM**

**Approved: Biohazards Subcommittee, September, 2009**

I, \_\_\_\_\_

From \_\_\_\_\_

Intend to enter Biohazard Level 3 Facility in the  
(Pick one)  Dental Sciences Building  Biotron Building  
owned and operated by the University of Western Ontario as a visitor

accompanied by:

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

for the purpose of \_\_\_\_\_

on \_\_\_\_dd\_\_\_\_mm\_\_\_\_yr

I undertake not to participate in any research procedures while in the facility and will enter only to observe. I undertake to comply with all entry and exit requirements as stated in Level 3 Users Manual except for the requirement to participate in the medical surveillance programme.

Whereas I know and have been informed of the inherent risks of exposure to infectious agents and contaminants which are potentially dangerous to my health (including but not limited to bacteria, viruses such as HIV, HTLV) chemicals and other physical hazards;

I hereby release, identify and hold harmless the University of Western Ontario, its directors, officers, employees, agents and representatives from all manner of proceedings, causes of action, damages and liability whatsoever that may arise at any time, directly or indirectly as a consequence of my participation in this assessment or entry to the premises.

My signature below confirms that I have read this document and understand that I am waiving legal rights.

Dated this \_\_\_\_day \_\_\_\_month \_\_\_\_year

Witness \_\_\_\_\_

Participant \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Location \_\_\_\_\_

**Location** \_\_\_\_\_