

VISITOR, VOLUNTEER, STUDENT TRAINEE ACKNOWLEDGEMENT, AGREEMENT, AND RELEASE

This ACKNOWLEDGEMENT, AGREEMENT, AND RELEASE is made and entered into this _____
Month / Day / Year

Title: Dr. Mr. Ms. Mrs. **First Name:** _____ **Last Name:** _____

Mailing Address: _____

If different, permanent address: _____ **Phone # (s):** _____

Email Address: _____

Is requesting [select one] Visiting Scholar Visiting Faculty Volunteer Student Trainee status within the Dept. of Psychological & Brain Sciences

Current Identification [select one]:

Undergraduate Student Post Undergraduate Graduate Student Post Graduate Student U.S. Faculty
 International Faculty Community / Private Sector / Non-Academic Other: _____

Current affiliation [select one]: UMass Amherst College Hampshire College Mt. Holyoke College Smith College

Other: _____

The Visitor/Volunteer/Trainee, for the purpose of engaging in training / research at the University of Massachusetts ("University") solely to enhance academic and professional standing. In consideration of the foregoing and the promises and covenants herein set forth, understands and agrees to as follows:

1. Training Duties and Responsibilities: Visitor / Volunteer / Trainee acknowledges and agrees to perform:

(Describe duties/training) _____

at the University to gain additional research and/or training for his/her academic and professional benefit in the following area:

Behavioral Neuroscience Clinical Cognitive Developmental Social Peace Psych Other: _____

2. Location of Training: All training/research shall be conducted at the following location(s):

Tobin Hall Bartlett Hall Eye Tracking Lab Middlesex Other: _____

Under the direct supervision / in collaboration with: _____

Title: Assistant Professor Associate Professor Professor Lecturer Postdoctoral Associate

at the University of Massachusetts, Amherst campus

3. Term and Termination of Training: Short Term <1 month Long Term >1 month

a. This appointment is considered to be Short Term Long Term

b. Training shall start on (Date) _____ and terminate on (Date) _____

c. Trainee is expect to attend _____ hours per week

d. Trainee understands and agrees that the University may, in its sole discretion, terminate this Agreement immediately based upon Trainee's breach of the policies described in Sections below or for any other reasonable cause.

4. Supervision: Trainee will at all times work under the supervision of the Principal Investigator or sponsoring faculty.

5. Access to University premises:

NOTE - Short Term Volunteers may only go into department lab facilities under the supervision of the faculty member in charge.

a. The University authorized the Trainee/Volunteer access to [List Lab/Office/Rooms]. _____

And the use of the instruments and [list any other substances or specific equipment] _____

in the Lab/Office/Room for the purposes of the Training/Collaboration

Keys to these rooms Are NOT Required Are Required (If required, please submit a key request form)

- b. The Trainee is authorized to use the computers in the [list Lab / Office / Room] _____ to access the Internet and the UMass Library system for obtaining Training –related information.
6. **Animal Care Facilities:** Access to the Animal Care Facilities is strictly controlled. Those volunteers on campus less than one month must be accompanied at all times by someone on the appropriate animal protocol and who has IACUC training certification. Long Term Volunteers may be granted access upon completion of all of the following: *(Please check all completed).*
- Approval of Director of Animal Care Lab Safety Training Training on Blood borne Pathogens IACUC Training
- Added to animal use protocol if relevant Complete NENS Form for I.D. (*non-five college students*)
7. **Human Subjects:** If a Volunteer is to have access to sensitive data or will be working with Human Subjects, then a copy of the CITI document (Trainee certificate) MUST be attached to this form.
8. **Non-Employment/Compensation**
- a. The Trainee understands that the University is providing the Training solely for Trainee's academic and professional benefit;
- b. Trainee is not an employee of the University for any purpose and is not entitled to compensation or any employment-related benefits, including but not limited to insurance and pension rights;
- c. Trainee understands and acknowledges that in undertaking the Training, there is no promise, entitlement, or other obligation on the University to provide employment at the University at the completion of the Term.

1. **University Policies:** Trainee states that [s/he] has reviewed and understands the University policies set forth at <http://www.umass.edu/policies/>, as amended from time to time, and any applicable departmental policies or regulations; and agrees that [s/he] is subject to, and will abide by, such policies and regulations.
2. **Acknowledgement/Assumption of Risk/Release of Liability.**
- a. **Acknowledgement and Assumption of Risk:** In consideration of the benefits received, I hereby voluntarily and knowingly ASSUME all risks of damages and injury, including death, which I may sustain or incur while participating in or as a result of, or in any way arising out of the Training, or in travel to and from such activity.
- b. **Release:** I therefore agree, in consideration of and return for the services, facilities, and other assistance provided to me by the University in this activity, to RELEASE the University (and its Board of Trustees, officers, employees, and agents) from any and all liability, claims, and actions that may arise from my participation in this Training, including personal injury or harm to me, my death, damage to my property, pecuniary injury, or any other form of damages stemming from my participation in this Training. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the University.
- c. **Covenant Not to Sue:** I recognize that signing this acknowledgement, assumption of risk, and release means I am giving up, among other things, rights to sue the University, its Trustees, employees, and agents for any injuries, damages, or losses I may incur, including personal or pecuniary injury or property damage. I also understand that this RELEASE binds my heirs, executors, administrators, and assigns, as well as myself.

I certify that I am _____ years old, and that I fully understand this Release and I agree to be legally bound by it.

This form must be printed out and signed by all parties. When complete, please give to Laura Wildman-Hanlon, Office Manager, in 438 Tobin.

 Trainee / Volunteer / Visitor Signature
 Date

 Date

 Sponsoring Signature

 Witness Signature

 Date