

Visitor Information and Waiver Access Form

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Purpose: a waiver to ensure visitors understand the possible effects that animal dander may have on their health.

Policy: Laurentian University regulations.

Responsibility: Visitors

Admission to the Animal Care Facility

Name: _____ Address: _____

Phone: _____

Reference: _____ Position: _____

Phone: _____

Reason for Access: _____

Medical Concern

Do you have any medical problem that would compromise your immune system?

Yes _____ No _____

Do you have any known allergies?

Yes _____ No _____

This facility contains animals and dander that are known to contribute to severe allergies, so that if you have allergies, it is not recommended to enter the facility.

If your immune system is compromised, the possibility of contagious disease may preclude you from entering the facility for your safety.

By signing below, you hereby declare that you understand the possible effects on your health and hereby absolve the university and its employees from any liability during your entry into the Animal Care Facility.

Entry to the facility is solely for your benefit and is not beneficial to Laurentian University or its employees.

By signing below, you also understand that all names, research projects and procedures within the Animal Care Facility are to be kept strictly confidential. In the event that confidentiality is not kept, you may be liable to prosecution.

The research and the science involved often requires strict adherence to specific lighting and quietness.

Even vibrations can disrupt the research.

You are requested to adhere to all facility policies in these areas.

You are also required to wear appropriate outer garments which will be explained to you on arrival.

At no time are you allowed to be in the Facility unescorted.

Signature: _____ Witness: _____

Date: _____ Date: _____