



PRACTICUM WAIVER

This waiver applies to all sites at which I may work on behalf of the Sisters of St. Joseph. I _____ acknowledge that I will provide services to the Congregation of the Sisters of St. Joseph in Canada on a volunteer basis. I will report to the Archivist.

I understand that in performing my volunteer duties, I will not be required to supervise anyone or operate any machinery or equipment I have not been trained to do.

I understand that I will not be paid for my services nor entitled to any benefits, and that I am responsible for my own health insurance.

I understand that during my participation in these volunteer activities, certain risks and hazards may arise, including hazards or dangers, which result from human error and negligence on the part of other persons employed or providing services to the Congregation of the Sisters of St. Joseph in Canada. I agree that I am voluntarily participating in these activities with knowledge of the dangers and hazards in these activities and agree that I freely and voluntarily assume any and all risks of injury, illness and death. In particular, I understand the risks associated with the use of knives and lifting.

I agree to release and discharge the Congregation of the Sisters of St. Joseph in Canada, including all past and present directors, officers, agents, representatives, employees and insurers, from and against all claims, demands, actions and proceedings, in respect of any damages or injuries sustained by myself arising by reason of my provision of these services. I agree that the foregoing waiver and release shall be binding upon me personally, as well as, my heirs, next of kin, executors, administrators and assigns.

I have carefully read the above waiver and release of liability prior to signing and fully understand and agree with its contents. I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Congregation of the Sisters of St. Joseph in Canada.

Signature of Volunteer

Date

Signature of Witness

Date