

UBC AMPEL/CS Workshop Use Agreement, and Acknowledgement of Risk

(For signature for users other than UBC Students carrying out academic research required for their degree program at UBC)

I, _____,
(name of individual) (UBC Employee # if applicable)

in consideration of being permitted by the University of British Columbia (the “University”) to use the AMPEL/CS Workshop (the “Shop”), do hereby:

1. ACKNOWLEDGE that conducting activities in the Shop involves exposure to certain inherent risks including but not limited to injury resulting from contact with tools, machinery or chemicals. Furthermore I freely assume these risks. I will exercise due care and attention when using the facility for my safety and for the safety of those around me.
2. WARRANT AND REPRESENT that I have undergone the Workshop Orientation (the “Orientation”) and understand the procedures that I am expected to follow. In particular, I am aware that I must use only the Shop tools and equipment that I have been qualified to use; as listed in the Appendix of this agreement.
3. AGREE that I will strictly adhere to the requirements and safety rules set out in the Orientation and the current AMPEL/CS Workshop Handbook.
4. AGREE that I will not facilitate unqualified or unapproved persons from accessing the Shop or using Shop tools.
5. ACKNOWLEDGE that violation of any part of this agreement can result in immediate suspension of my Shop privileges and any Shop Administrators may suspend my Shop privileges at any time and at his/her sole discretion by giving me verbal notice. Such a suspension is immediately effective and will be honoured by me.
6. AGREE to indemnify and hold harmless the University of British Columbia, its Board of Governors, officers, employees and agents from and against any actions which result from my activities while occupying or using the Shop facilities or from my use of Shop tools.
7. WAIVE, RELEASE AND FOREVER DISCHARGE the University of British Columbia, its Board of Governors and anyone employed by or acting on behalf of the University from any and all claims, causes of action, and any liability for personal injury, death,

damage to property or loss of whatsoever nature or kind and howsoever caused which I or my heirs, executors, administrators, or anyone else may have arising out of my use of the Shop or of any Shop tool or equipment.

8. ACKNOWLEDGE that the University carries no personal property, medical, dental or any accident benefit/disability insurance on my behalf and that it is my sole responsibility to ensure that I maintain sufficient personal insurance coverage.
9. ACKNOWLEDGE that unless otherwise terminated, this agreement expires when I end my affiliation with the University of British Columbia.
10. AGREE to only access the Shop while this agreement remains in place and to cease access to the Shop immediately upon the termination or expiration of this agreement or suspension of my privileges in accordance with this agreement.
11. ACKNOWLEDGE that this agreement will be governed by, and construed in accordance with, the laws of British Columbia, and the parties hereby agree to abide by the exclusive jurisdiction of the Courts of British Columbia in any proceeding hereunder.
12. ACKNOWLEDGE that prior to signing this form, I have read and understood this Agreement and waiver of liability in its entirety and I am aware that by signing this document, I am affecting the legal rights of myself, my heirs, next of kin, executors, administrators and assigns.

Dated at _____, British Columbia, this ____ day of _____, 20__.

Signature of Sponsor

Signature of User

Name of Sponsor (please print)

Name of User (please print)

Address

Address

Appendix – Tool Clearance Checklist

Below is the specific list of tools and equipment which the Individual has been cleared to use in the AMPEL/CS workshop. Specific clearance is granted once the Individual has demonstrated competency on the tool to the Shop Technician. Once competency is demonstrated, the Shop Technician will update and sign-off on this form.

Tool Name	Clearance	Tool Name	Clearance
Hand Tools (e.g. hammer, power drill)	<input type="checkbox"/>		
Bandsaw	<input type="checkbox"/>	Compound Mitre Saw	<input type="checkbox"/>
Variable Speed Drill Press	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>
Scroll Saw	<input type="checkbox"/>	Precision Screw Cutting Lathe	<input type="checkbox"/>
Oscillating Spindle Sander	<input type="checkbox"/>	Table-Mounted Router	<input type="checkbox"/>
Horizontal/Vertical Edge Sander	<input type="checkbox"/>	Jointer	<input type="checkbox"/>
Disc Sander	<input type="checkbox"/>	Horizontal/Vertical Metal Cutting Band Saw	<input type="checkbox"/>
Bench Grinder	<input type="checkbox"/>	Table Saw (Unisaw)	<input type="checkbox"/>

Shop User's Name

Shop Technician's Signature

Date
