UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY ("UMSOD") VISITOR/VOLUNTEER AGREEMENT

(School retain original. Volunteer retain a copy.)

Name	of Visitor/Volunteer:			
Name	of Supervisor:			
School:		Department:		
Visito	r/Volunteer Activity:			
Start Date:		End Date:		
In con	sideration of being perm	itted to participate as a Visitor/Volu	unteer at UMSOD, I agree as follows:	
1.		any work that I am not qualified to vance, by my Supervisor.	perform. I will only do work which I am	
2.	I will comply with safety standards and all procedures applicable to UMSOD students and faculty. I will conduct myself and my work in accordance with all applicable laws, regulations, policies, rules, standards and instructions. The applicable laws, regulations, policies, rules, standards and instructions have been explained to me and I understand them. I will attend all training sessions required by UMSOD.			
3.		n at least 18 years old. I am a U.S. citizen or, if not a U.S. citizen, I certify that my immigration status mits me to work as a Volunteer for the Activity described above. derstand UMSOD assumes no financial responsibility for my health care or treatment. I have health		
4.	I understand UMSOD assumes no financial responsibility for my health care or treatment. I have health insurance and I am responsible for any charges not covered by my health insurance.			
5.	I understand I am not covered by general or professional liability insurance for claims and judgments arising out of my activities. I am responsible for any injuries to people or property resulting from my acts including costs of equipment damaged or broken.			
6.	I understand UMSOD retains the right to end my work, or deny me access to UMSOD facilities, at any time, for any reason			
7.	My work as a Visitor/Volunteer shall not create an employment relationship between UMSOD and me. I am not entitled to participate in UMSOD's benefit programs, including, but not limited to, workers' compensation or health insurance.			
8.	I agree to be bound by the terms of the USM Policy on Intellectual Property and to assign my patentable inventions to UMSOD upon request.			
UMSC		or my heirs and survivors with respe	ing a Visitor/Volunteer and I hereby release ect to any injury, loss, damage, accident, delay or	
AGRE	EED:	teer Signature		
	Visitor/Volum	eer Signature	Date	
Name	PRINTED OR TYPEI) :		
Address:			, Country	
Dept. Chairman Signature:			Date:	

Date: _____

Approval Dr. DePaola: