

NUANCE Center at Northwestern University



NORTHWESTERN
UNIVERSITY

Company Name _____
Applicant Name _____
Additional Name 1 _____
Additional Name 2 _____
Billing Address 1 _____
Billing Address 2 _____
City, State ZIP _____
Phone _____ **Fax** _____
Email _____

Purchase Order # : *(optional/pls attach copy)* _____

Send invoices to: *(check one)* *Authorized user/s* *Accounts Payable* *Other* _____

Email invoice to: _____

Email with attached invoice is the preferred method of sending invoices. If you must have a hard copy mailed instead, do not complete this section.

Facility Use or Services Requested: *(check all that apply)*

note: see facility information at
www.nuance.northwestern.edu

EPIC
SEMs, TEMs, FIB, S/TEM

NIFTI
AFM, SPM, NanoIndenter, DPN, Bioscope II

Keck-II
XPS, SIMS, FT-IR, Confocal Raman

Project Description *(short)*

Agreement

I will keep NUANCE Center informed of any changes in contact information or billing instructions. I understand that facility use or services and billing on my account will follow policies and regulations, which may change at any time. I will adhere to all requirements of NUANCE and Northwestern University, as applicable and with appropriate notice from staff.

User Signature

Date

NUANCE Approval

Date

fax completed form to 847-467-6573 or email to nuance@northwestern.edu

NORTHWESTERN UNIVERSITY

Volunteers and Visitors Lab Use Agreement*

As a leading research university, Northwestern University enjoys various kinds of resources to which persons who are not members of the University community seek access. Insofar as possible, and consistent with the University's primary responsibility is to its students, faculty, and staff, the University makes such resources available to qualified members of the local community (many of whom, such as students from other institutions, serve as volunteers in university facilities) as well as researchers from the larger national and international academic communities.

The following agreement covers situations in which persons who are not formally associated with the University visit Northwestern laboratories and/or participate in activities there. Volunteers and visitors are defined as persons who have no formal affiliation with the University such as formal faculty, staff, research, or visiting scholar appointments or who are not enrolled in a formal degree or non-degree program sponsored by the University. Non-degree programs include the National High School Institute, the Center for Talent Development and the College Preparatory Program.

This form must be completed before access to laboratory facilities and equipment.

*NOTE: If you are requesting services only and will not visit the Northwestern University campus, you DO NOT need to complete this section.

**LAB USE ASSUMPTION OF RISK AND RELEASE OF LIABILITY
FOR VOLUNTEERS AND VISITORS**

I request permission to participate in activities in laboratory/office facilities connected with *NUANCE* Center (EPIC, NIFTI, Keck-II) at Northwestern University ("University") in connection with the following activity:

Because I am not a University student or employee, I understand that I will not be covered by any health and/or accident insurance while I am volunteering or visiting these facilities. I anticipate being at the University facilities for the period

to ; however,

I understand that the University has made no commitment to make the laboratory/office facilities available for any specific time period and I will leave and remove my personal property when asked to do so.

I agree to review any applicable laboratory safety procedures and protocols prior to participating in any laboratory activity and to follow all rules and directions from University personnel regarding use of the facilities and equipment. I understand, appreciate, and acknowledge there is a risk of injury from using the University facilities and equipment, including the potential for serious injury. I voluntarily assume the risk of any injuries I may incur due to negligence or accidental occurrences while I am using University facilities and equipment. I agree that if I am personally injured or suffer any loss of or damage to personal property, I will not attempt to claim coverage under any University insurance policy. Further, in consideration of the opportunity to use University facilities and equipment, I, on behalf of myself, my agents, heirs and next of kin, hereby release Northwestern University and its trustees, officers, employees and agents from any responsibility or liability for personal injury, including death, and damage to or loss of personal property, that I may incur due to negligence or accidental occurrences while I am using University facilities and equipment.

I certify that I have health and/or accident insurance coverage that will cover any personal injury that I may sustain while using University facilities and equipment, regardless of cause, and I agree to provide proof of such insurance upon request.

The University may seek to recover, and I agree to pay, the costs to replace or repair any equipment or other University property I damage while using the facilities, and I otherwise agree to be personally responsible for my own acts and for any medical care that may be rendered to me. I voluntarily assume the risk of damage to or loss of my personal property that may occur during my use of the facilities and equipment.

I, the undersigned, am at least eighteen (18) years of age and am competent to sign this release. I have read carefully and understand and agree to the terms and conditions of this release.

VOLUNTEER/VISITOR SIGNATURE

Signature: _____

Print Name:

Address:

Phone Number:

Date:

NOTICE

Volunteers and Visitors under eighteen (18) years of age must have this agreement signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this Volunteer/Visitor, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the University from any and all liabilities incident to my minor child's involvement as a Volunteer/Visitor, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE UNIVERSITY**, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE

Signature: _____

Print Name:

Address:

Phone Number:

Date:

[Note: This Page Is For Internal Use Only]

LAB SUPERVISOR, PI, AND/OR DEPARTMENT HEAD: Please sign below to indicate your approval of the Volunteer/Visitor (named on the attached Lab Use Assumption of Risk and Release of Liability for Volunteers and Visitors) to use your lab facilities.

Recommended:

Signature: _____

Name

Title:

Date:

Phone:

Approved:

Signature: _____

Name

Title:

Date:

Phone: