

Date

UMass Boston/Department of Human Resources Contingent Worker (CWR) Non-Employee Release of Liability Form and Checklist

I		am an affiliate/non employee at the University of Massachusetts
Bostor	as (working title)	in the
(Department/College)		I am participating not as an employee or
agent (of the University of Massachu	setts Boston.
the pro harmle and the proper partici	operty of the University of Ma ess the University of Massachu e Commonwealth of Massach ty damage which I might sust pation including any damages	nected with my participation whether such participation occurs on ssachusetts Boston or elsewhere, and agree to indemnify and hold isetts Boston, its Trustees, officers, employees, students or agents, usetts, from all claims for damages as a result of personal injury or ain, or for which I may be responsible, arising out of such which may be caused by the negligent, reckless, or gross negligence oston, its Trustees, officers, employees, students or agents.
behalf	of the University and that I re	o make contracts, offers of employment, or other commitments on main personally responsible for any contracts, offers of I may make during the course of my participation.
I acknowledge receipt of the University of Massachusetts Boston's, policy and procedures and hold myself responsible for understanding their contents.		
	acknowledge that I have fully r am signing this of my own free	ead this Release, that I understand and agree with its terms and will.
Receiv	ed by appointee:	
	Guide to the Conflict of Inter	
	-	ublic Employees and Fundraising)
	Sexual Harassment Policy Drug-Free Workplace Policy	
	University Policy on Fraudule	ent Financial Activities
		Principals of Employee Conduct

Signature