

Nano-Systems Fabrication Laboratory (NSFL)

Agreement Form

I, _____, of _____
(Print Name) (Department / Company / Institution)

at _____
(Address)

agree to the following:

Release

I have read the policies presented in the Cleanroom Users Manual and will abide by them.

I assume the responsibility to plan and perform work in such a way that my personal safety and that of other fab users is ensured, and the integrity of the NSFL and its equipment maintained.

Limits on use

I know the NSFL is a community of professional and student researchers. I will behave in a courteous, professional, and responsible manner at all times. I realize access to the NSFL is a privilege which may be revoked by the NSFL for inappropriate actions.

Research and Intellectual Property Rights

I am ultimately responsible for the success of my own project. Ownership of rights in intellectual property resulting from my research is governed by agreements made between me and the University of Manitoba. No proprietary chemicals are allowed on site as these unknown's have potential to contaminate the work of others.

Acknowledgments

I acknowledge that my identity, and any company / institution I am associated with may be made public in presentations and other materials describing the NSFL unless specifically addressed in a non-disclosure agreement.

I, my supervisor, or my company / institution's representative, agree to acknowledge the NSFL and its staff in publications and presentations resulting from substantive work performed at the NSFL.

Fees

My supervisor / company / institution agree to pay for the lab fees and materials costs I incur while using the fab, as well as equipment or property damage found to be the result of my gross negligence or my deliberate violation of the standard NSFL procedures.

Liability

I understand that use of the NSFL may involve exposure to potentially hazardous conditions including, but not limited to, chemical, mechanical, electrical, thermal, and radiation hazards. I release the NSFL from all claims for damages, costs, and liability arising out of my use of the NSFL facilities other than as results from the negligence of the University of Manitoba, its officers, agents, or employees.

(STRIKE THROUGH FOLLOWING PROVISION IF NOT APPLICABLE)

I understand that the University of Manitoba carries Worker’s Compensation and other Liability coverage only for those employed by the University or paid on a grant through the University. Students on bursaries or fellowships, as well as employees of other companies / institutions are not covered. I will ensure, along with the company / institution I am associated with, that I have adequate health and accident insurance.

Signature _____

Date _____

Supervisor, or Company/Institution Representative

Printed Name _____

Signature _____

Title _____

Date _____

NSFL Representative

Printed name _____

Signature _____

Title _____

Date _____