

University of Dayton Non-Employee Agreement

We are pleased to have you on campus with us and appreciate the services you will provide as a Non-Employee for the University of Dayton (hereinafter referred to as UD). Your efforts will have an impact on the vision and mission of the University. Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

1. I understand that I will not be paid by UD when my affiliation status is Non-Employee. Working under this agreement does not entitle me to any preference in the hiring process or paid employment at the university.
2. As a Non-Employee for UD, I certify that I am covered under personal medical insurance, and in the event I am injured or incur medical claim in association with my service, on behalf of myself, next of kin, heirs, and representatives, I agree that I will look solely to my own medical insurance for any claims, losses, or injuries, and forever discharge and agree to indemnify and hold harmless UD, its trustees, affiliated organizations, officers, and employees from and against all claims, demands, and suits.
3. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in such activity and accommodations, I do hereby agree to assume all the risks and responsibilities surrounding the participation in this activity or any activities undertaken in addition thereto.
4. I also understand as a Non-Employee that I am neither covered by Workers' Compensation with UD nor am I entitled to employee benefits, which include but are not limited to unemployment and health insurance, as a result of my current affiliation.
5. I understand that, in the course of my non-employee service at the University, I may have access or be exposed to documents, data, records and/or verbal information that may be confidential, privileged, proprietary or otherwise protected from disclosure ("confidential information"), regardless of whether it is identified as confidential. I agree not to disclose confidential information to anyone other than as required by my duties for the University, and I agree to take reasonable steps to protect the confidentiality of such information.
6. I am aware of the terms and conditions of this agreement and I am signing this agreement of my own free will.
7. This agreement is to be executed this _____ day of _____, 20_____.
8. Please attach copies of any required licenses, certificates, and/or authorizations to act.

Printed Name: _____ Telephone No.: _____

Non-Employee signature: _____ Date : _____

*For minors only:

Guardian Signature: _____ Date: _____

Department Name: _____

Department Contact Name: _____

Department Approval Signature: _____ Date: _____