



**Disclosure and waiver form to continue or resume research activities on CUE’s campus**

Dear Dr. Ilarraza,

My name is \_\_\_\_\_, and I am part of the research group for the project described below.

Project details	
Faculty	Department
Name of project leader (CUE Faculty or Staff)	
Project title	
Research location(s)	

I understand that CUE has internal processes and protocols established to allow for the continuation of research activities. I am here requesting access to the space(s) designated above, for research purposes. I am aware that such access may be revoked due to changes in conditions, direction from CUE administration, the presence of a suspected COVID-19 case in the research location, or failure to abide by the conditions below. I agree to comply with the following conditions:

1. I am aware that I cannot be pressured to resume research activities, and the decision to return to CUE campus to conduct research activities is my own. I am able to refuse returning to conduct research activities if I feel unsafe or in case there is a confirmed or suspected COVID-19 case in the research space.
2. If I or someone else in the research space is showing COVID-19 symptoms, I will immediately notify my supervisor and remove from the location.
3. I will notify my supervisor and/or the project leader every time I enter and leave the research space.
4. I will abide by CUE's Protocols for On-Campus Attendance.
5. I will only enter the research spaces for which an authorization has been provided.
6. When working alone, I will abide by CUE’s guidelines. For reference, I will consult this Inside CUE posting: <https://concordia.ab.ca/working-alone-after-hours-general-security-advice/>
7. I will wear Personal Protective Equipment (PPE) during the time I am in the research space.
8. It is my responsibility to abide by all of these conditions at all times.
9. I acknowledge that failure to comply with these directions may result in the suspension of access for research activities.

Signature

Date