

# TRIUMF

## USERS / EXPERIMENTERS CONTRACT

<b>VISITOR/USER NAME:</b> First Name _____ Surname _____
<b>AFFILIATED INSTITUTION:</b> _____

On behalf of the Director, and in support of our written invitation to visit TRIUMF, we are pleased to offer you the opportunity to use our experimental facilities under the following terms:

TRIUMF Group:	
Name of Experiment/Project:	
TRIUMF Contact Name:	
Duration of Visit: mo/dy/yr	From: _____ To: _____
Status at TRIUMF:	

Unless otherwise stated in your letter of invitation, it is our understanding that your salary and expenses will be covered from sources other than TRIUMF and that TRIUMF accepts no financial liability for your visit. TRIUMF makes no provision for the reimbursement of medical expenses due to illness, accident, disability or death, whether related to work or not. Emergency medical coverage/insurance while at TRIUMF is your responsibility, and, if not covered by your institution, can be purchased privately before you come to TRIUMF, or through TRIUMF's short-term visitor emergency health insurance plan. With respect to disability or death, since TRIUMF assumes that these risks are covered by your home institute, we will not assume any responsibility related to these risks. Proof of health insurance must be disclosed upon, or prior to your arrival, as indicated in the Registration Information Form you will be required to complete.

If you are a foreign national, it is your responsibility to obtain the appropriate work/visitor permit for Canada and, if required, temporary resident visa. Details of this can also be found on our website.

All access cards, badges, parking permits and other assigned privileges must be returned to TRIUMF at the end of your visit. Computer accounts will be cancelled within 30 days of your departure unless otherwise authorized.

**I have read and accept this contract and the conditions mentioned above. I understand that in signing I agree to abide by TRIUMF's safety, site and office regulation which will be outlined to me on my arrival, and that failure to comply may result in loss of privileges.**

**Date :** ..... **Signature :** .....

Please fax or email this signed form to the Visitor Services Coordinator at:  
1-604-222-1074 [visitorsoffice@triumf.ca](mailto:visitorsoffice@triumf.ca)

<b>FOR TRIUMF:</b>	<b>Name of TRIUMF Host:</b> _____
<b>Date:</b> .....	<b>Signature</b> .....