

## Family Friendly Workspace Policies

The FFW is a UAW office space managed in conjunction with the UAW/UMass Health & Welfare Trust Fund

Workspace users agree to abide by all University of Massachusetts policies & procedures while at the workspace as well as the workspace-specific policies, procedures and use waiver below:

- Graduate student employees with families are eligible and prioritized for booking the workspace. There is no cost to book the workspace.
- You are responsible for your child(ren)'s safety at all times. Child(ren) should never be left unattended in the workspace at any time.
- The workspace can be booked using Calendly for up to two (2) two-hour blocks per day up to three (3) times per week per person. Once booked, you will receive an email with instructions, including the door access code for the workspace. Please do not share the door code to the workspace with anyone.
- Booking times start at 8 am and the last booking of the day starts at 6 pm (the space closes at 8 pm), Monday-Saturday.
- You may book the space for just yourself or for yourself and a study partner (who will need to be identified on the booking by name and email).
- Beverages are required to be in spill-proof containers at all times. Food— and the bugs it attracts— can be harmful to our space and is therefore discouraged.
- Appliances, heating, and cooking devices brought from home are not permitted in the workspace.
- Wipe down surfaces with wipes provided and turn off the lights when you exit.
- Occupants are responsible for routine cleanup. Please use the wastebaskets and recycling receptacles in the lobbies of bottom floor of Thompson.
- Staff will routinely check the workspace during off hours and remove any items left behind. The Trust Fund is not responsible for any items left in the workspace.
- Violation of policies may result in discontinuation of privileges and access.

**Lock Outs & Facility Malfunctions:** please email [tita@uawumasstrustfund.org](mailto:tita@uawumasstrustfund.org)

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**Signature**

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**Written Name**

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**Date**

# Family Friendly Workspace Use Waiver Agreement

(Including assumption of risks and agreements of release and indemnity)  
Please read this document carefully.

In consideration of being allowed to use the Family Friendly Workspace (the "FFW") in conjunction with the UAW/UMass Health & Welfare Trust Fund (the "Fund") I, for myself, my heirs, personal representatives and assigns acknowledge and agree as follows:

## Activities and Risks

I understand that I am responsible for managing the risks of my activities while on the University of Massachusetts (the "University") campus. I understand that I must follow all University policies, rules, and regulations as well as the policies, rules, and regulations of the FFW.

## Assumption of Risks

My use of the FFW is voluntary. I hereby acknowledge the risks described above and their inherency, and that other risks, known and unknown, inherent and otherwise, may be encountered. I expressly and knowingly assume all the risks, known and unknown, inherent or not, and whether or not described above, of use of the FFW and transportation to or walking to the FFW.

## Release and Indemnity

I, my heirs, personal representative or assigns do hereby agree (to the maximum extent allowed by law), to release and discharge the Fund from, and covenant not to sue (or otherwise assert a claim against) the Fund, its trustees and its staff with respect to, any and all claims (resulting in personal injury, accidents, or illness, including death), liabilities and losses in any way arising from or connected with my use of the FFW, the use of its equipment and facilities, or otherwise moving about the premises.

I further agree to hold harmless and indemnify (that is, defend and pay or reimburse) the Fund, its trustees and its staff from any claim and from any liability, loss, damages or expenses (including attorneys' fees) resulting from my involvement in my use of the FFW.

## Additional Provisions

I acknowledge and agree that I have carefully read, understand and voluntarily sign this Agreement and acknowledge that it shall be effective and binding upon me and my family, heirs, executors, administrators and representatives. I agree that this Agreement is intended to be as broad and inclusive as permitted by the law of the State of Massachusetts and if any portion of this Agreement is held by a court of competent jurisdiction to be invalid, the balance of this Agreement shall continue in full force and effect.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Written Name**

\_\_\_\_\_  
**Date**