AUBURN UNIVERSITY
VOLUNTEER SERVICE AGREEMENT, WAIVER, ASSUMPTION OF RISKS AND INFORMED CONSENT

VOLUNTEER INFORMATION

Full Name of Volunteer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Date of Birth:** _____ **Gender:** M ____ F ____

College/Department Serving: _____ **Date(s) of Service**: _____

Duties (Briefly identify duties to be performed): _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS COMPLETED AND SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO SERVE AS A VOLUNTEER FOR AUBURN UNIVERSITY.

I, the undersigned, will be volunteering my services at Auburn University (hereafter "University") on the date(s) as specified above. I understand and agree that my duties will be to serve the college/department and supervisor as specified above. In consideration for being allowed to participate in the volunteer service of the University I do hereby agree that:

1. Scope of Volunteer Service

I understand that as a volunteer performing the duties as indicated above ***I am not a University employee.*** I will not be covered by any health and/or accident insurance provided by the University while I am volunteering. I also understand that I am neither covered by the University's On the Job Injury Program, nor entitled to any employee benefits or compensation of any kind. I understand that as a volunteer the University does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. I further understand that if I am a current employee of the University serving as a volunteer as indicated above, with duties separate from my University employment, that my volunteer status does not preclude me from making claims under my health and/or accident insurance or for other benefits available to me as a University employee.

I understand that the ***University shall have the right to release me as a University volunteer without prior notice***, and that I will leave immediately when asked to do so. I also agree that I will immediately return all University property, including but not limited to any keys, clothing, books, equipment, tools and all data and documents, including all such information stored electronically. While volunteering at the University, I may acquire information, data, procedures and techniques which are confidential, proprietary information of the University. I agree not to disclose such information to others and not to use such information for any other purpose without the prior written consent of the department where I am volunteering.

I will comply with all University rules and regulations, including safety precautions, applicable to my presence at the University and my participation in my volunteer activities, and will follow the directions and guidance of the college/department, my supervisor, and other University personnel in other facilities where I am volunteering. I also understand and agree that I am a volunteer only, and at no time will I be considered or deemed to be an agent, servant or employee of the University.

2. Assumption of Risks

I acknowledge, understand and appreciate that as part of being a volunteer of the University there are dangers, hazards and inherent risks to which I may be exposed, including the ***risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss.*** The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. ***Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling as a volunteer for the University.*** I agree that if I am personally injured or suffer any loss of or damage to personal property, I will not attempt to claim coverage under any University insurance policy or University self-insurance program.

3. Hold Harmless and Indemnification

In consideration of my being allowed to participate as a volunteer for the University, ***I agree to release, indemnify and hold harmless*** the University, its Board of Trustees, Administration, Faculty, Staff, and all other officers, directors, employees, and agents from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University persons acting on its behalf or otherwise.

4. Informed Consent

I have been given ample time to read and understand this Volunteer Service Agreement Waiver and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. I understand and agree to all of its terms and conditions. This Volunteer Service Agreement Waiver and Release contains the entire agreement between the parties to this agreement and the terms are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. Further, by signing this agreement I attest to the fact that I am at least nineteen years of age or older, or that I am a parent or guardian signing on behalf of my minor child.

SIGNATURE IS REQUIRED:

Participant's Name _____ Date _____

Participant's Signature _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19