HOST FAMILY VOLUNTEER FORM

Please complete this form, sign the Host Family Release below, and return to Human Resources if you are willing to serve as a host family to member(s) of the Stetson community in the event of hurricane, natural disaster, or other emergency conditions.

Basic Information

Name: ____________________________
Address: ____________________________
____________________________________
____________________________________
Phone: ____________________________
Email: ____________________________
Cell: ____________________________

Evacuation Zone: ______

Space Available

Adult(s): □ Yes □ No
If yes, how many? ______
Comments:
________________________________
________________________________
________________________________

Children: □ Yes □ No
If yes, how many? ______
Any restrictions on what you can accommodate:
________________________________
________________________________
________________________________

Status (check one): □ Faculty □ Staff
□ Student

Special Restrictions

Pets (check one): □ Yes □ No Additional Comments: ____________________________
________________________________
________________________________
________________________________

Smoking (check one): □ Yes □ No

Other Restrictions or Additional Comments: ____________________________
________________________________
________________________________
________________________________
________________________________
HOST FAMILY RELEASE

Release, Assumption of Risk, and Indemnification
For and in consideration of Stetson University, Inc. and its College of Law ("Stetson") accepting me as a volunteer host family as part of the Stetson Host Family Program, I/we hereby release Stetson, its officers, directors, employees, agents, volunteers, host families, and assigns ("Stetson Releasees") from and against all claims, causes of action, or liabilities that we now have or may ever have at any time in the future arising out of or resulting from participation in this program. I understand the risks involved in my/our participation, including but not limited to any risk of personal illness or injury, property damage, or theft. I/we agree to assume any risks of damage, injury, or loss that may occur to me/us as a result of participating in the Stetson Host Family Program, including but not limited to any those resulting from negligence, or resulting in property damage or loss, minor bodily injury, severe bodily injury, and death, regardless of cause. In addition to the above, and for the same consideration stated, I/we agree to indemnify, defend and hold harmless Stetson Releasees from any financial losses or claims related to or in any way arising out of participation in the Stetson Host Family Program.

Housing Assignments and Host Family Issues
I/we understand Stetson Releasees are not doing any independent inspection or review of housing made available under this program, nor any screening of the individuals seeking placement through the program. To that end, I/we acknowledge that Stetson Releasees make no representations or guarantees regarding the actions or behaviors of any third party, including any person(s) assigned that I/we may allow to temporarily live in my/our home, specifically whether the information provided by such person(s) is true, accurate and complete. I also agree that Stetson Releasees have made no statements generally about the background, legal status, legal and mental capacity, honesty, trustworthiness, integrity, or other abilities or qualities of people coming to stay in my property.

Effective Dates and Enforcement
This release will remain in full force and effect until or unless revoked in writing by Stetson or me/us; and in any event, it shall remain in full force and effect so long as I/we participate in the Stetson Host Family Program at any time after the date hereof. This release is governed by and shall be interpreted under the laws of the State of Florida. I further understand that this release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion hereof is held invalid, I agree that the remaining portions shall, notwithstanding, continue in full legal force and effect.

I/we have agreed to the terms of this document after having carefully read it in full.

____________________________________          ______________________
Name                                               Date

____________________________________          ______________________
Name                                               Date

____________________________________          ______________________
Name                                               Date