

Stetson University, Inc.

Volunteer Program Acknowledgement and Liability Waiver

Name of Volunteer Program, Project or Activity: _____

Upon signing and submitting this form, I understand and acknowledge that my services in regard to the above program, project or activity (“program”), are voluntary, and are rendered as a non-compensated volunteer, assigned to assist with the general activities of the captioned program. I further understand that as a volunteer, I am not eligible for benefits such as worker's comp and health insurance coverage through the university.

I understand that program activities could involve physical labor and/or travel to various locations, and it is the responsibility of each volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time.

Due to the nature of some program activities, I acknowledge that my volunteer participation could involve risk of bodily injury, illness, death, property damage, or other risks associated with these activities, and I assume full responsibility for such, including those arising from travel to and from such activities.

Medical Coverage:

I agree and acknowledge that Stetson University is not responsible or liable for my health and safety. Recognizing this, however, I wish to, and hereby do, grant Stetson University full authority to take, or not take, in its sole discretion, whatever actions it may consider warranted under the circumstances for my health and safety during my participation in this recreational activity, and I hereby release each of them from any liability for any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right (in the sole discretion of Stetson University) to place me, at my own expense, and without any further consent, in a hospital, for medical services and treatment, or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment.

Liability Waiver:

Stetson University does not warrant or guarantee in any respect the physical condition of any of the equipment or vehicles that might be used in connection with the activities, nor the competency or credentials of any individual participant associated with this program.

Furthermore, in consideration of the opportunity to participate in the above referred activities, with full knowledge and appreciation of the risks involved, and full understanding of the above issues/conditions, I hereby release and hold harmless Stetson University, Inc., its faculty, staff, coaches, officers, trustees, representatives, chaperones, employees, volunteers, and agents from all manner of action and actions, cause and causes of action, suits, claims, or demands of any nature, including personal injuries, damages or property loss resulting from said participation and related travel. In addition, I agree to comply with all rules applicable to my participation in my volunteer activities.

I hereby acknowledge that this waiver and acknowledgement applies to my participation at any time, now or in the future, with the aforementioned program. I have read and understand the foregoing, and, as necessary, have had the opportunity to have it reviewed by my guardian and/or legal counsel, and hereby agree to be bound by same.

Signature of Witness Date

Signature of Volunteer Date

DOB: _____ **

Printed Name of Witness

Printed Name of Volunteer

Printed Name of Parent/Guardian

**Signature of Parent/Guardian Date
(Needed if volunteer is under 18 years of Age)

Volunteer Address & Phone #: _____

Emergency Contact Name: _____ Phone: _____

(Rev. 8/07)

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