

**Stetson University, Inc.**  
Volunteer Program Acknowledgement and Liability Waiver  
Interstate and International Programs

**Name of Volunteer Program/Project & Dates:** \_\_\_\_\_

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 work's comp and health insurance coverage through the university.

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

**Due to the nature of some program activities, I acknowledge that despite safety precautions, my volunteer participation could involve risks such as bodily injury, illness, death or property loss and I accept those risks including those arising from travel to and from such activities and assume full responsibility for any medical costs incurred as a result of my participation.**

**Emergency Medical Care/Medical Costs:**

If program involves foreign travel, I understand there are special risks relating to the political, social, and environmental factors of the destination country or surrounding countries, and have had the opportunity to review these risks via the U.S. State Dept’s Website at: [www.travel.state.gov](http://www.travel.state.gov). 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 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 Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

DOB: \_\_\_\_\_ \*\*

\_\_\_\_\_  
Printed Name of Volunteer

Volunteer Address & Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

(Rev. 8/07)

**ADDITIONAL PROGRAM INFORMATION REGARDING TRAVEL, PROGRAM ACTIVITIES  
AND AREA CONDITIONS**

(Note: if overseas, please attach U.S. State Dept. Consular info sheets – [www.travel.state.gov](http://www.travel.state.gov) )

Name of Volunteer Program/Project: \_\_\_\_\_

Program Modes of Travel: (vehicle, van, air, train, foot etc)

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\_\_\_\_\_  
\_\_\_\_\_

Program Activities and/or associated physical activities or labor:

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Program Location and Area Special Conditions and/or Precautions: (include overnight stay info and living conditions)

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I have read and understand the preceding information and understand the associated risks therefore.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

