**Stetson University, Inc.**

Volunteer Program Risk Acknowledgement and Liability Waiver

Community Engagement

Stetson University sponsors community/volunteer programs as a means of providing a comprehensive and diverse learning environment and an opportunity to connect to the community. Volunteer participants and leaders are expected to conduct themselves in a professional and positive manner as representatives of Stetson University. All students must adhere to and are responsible for knowing the Student Code of Conduct as part of their enrollment at Stetson University.

**Name of Volunteer Program or Project (“Program”)**: **Into the Streets / Community Engagement Programs**

**Types of Volunteer Programs and Activities: See Attached List**

Transportation Used\*\*: Personal Vehicles/Carpool of Volunteers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Indicate One: Commercial Bus/shuttle; University Rental Vehicle; Personal/Carpool etc)

General Acknowledgement & Agreement:

Upon signing and submitting this form, I understand and acknowledge that my services in regard to the above program and related activities are completely voluntary, and are rendered as a non-compensated volunteer, assisting with the general activities of the above referenced programs. I further understand that as a volunteer I am not eligible for benefits such as worker's comp and health insurance coverage from the university.

I acknowledge that any accident insurance coverage that the University might carry applicable to volunteer programs is secondary and excess to all other applicable insurance policies, including, but not limited to my health care or medical insurance and auto insurance coverages.

**It is the responsibility of each volunteer to participate only in those activities, including tool/ladder use and lifting, of which he/she is physically capable, and has received training in, and volunteers may decline to do any activity at any time.** All volunteers are expected and encouraged to have his or her own health/medical insurance coverage.

**Risk Acknowledgement:**

I understand that program activities could involve physical labor, lifting/bending/stooping/crawling; possible tool & ladder use; sports play or physical activities; contact with young children or teenagers; contact with and around animal shelters and shelter facilities and environment; contact and interaction with various animals, dogs, cats etc; exposure to outdoor environment to include plants, insects, wildlife; exposure to the elements including heat, cold, sun and rain; walking through uneven grounds or surfaces; and handling material that may pose risks such as, but not limited to: hand-tool use, ladder use, animal excrement or odors; sharp edges, splintered wood/fiberglass, uneven surfaces, insects/fleas, and other pests, etc.

**Injuries resulting from such risks, include, but are not limited to**: bruises, lacerations, punctures, contusions, crushes, broken bones, fractures, strains-sprains, concussions, infections, skin rashes, stings/bites, respiratory issues, heat stroke/exhaustion, face/eye injuries, neck/back injuries, dislocations, loss of limb or fingers, heart attack, death, or any complication arising from treatment of injuries.

**Due to the nature of some program activities, I acknowledge that despite precautions taken, 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.**

**Recommended Precautions:** I understand that the following is recommended to include but not limited to:

* Closed toe footwear - (Note: heels, sandals and flip-flops can be unsafe or cause trip hazards)
* Wear appropriate clothing for the services you will undertake and according to the weather forecast. Long pants and work gloves are recommended if physical labor is involved.
* If outdoor activities, Volunteers should also bring sun protection such as sunglasses, sunscreen, hats etc, as well as any special personal medical kits needed (ie bee sting kits, inhalers, etc)
* Consider mosquito spray if activities will be outdoors, in wooded areas and/or in the evenings
* Volunteers acknowledge that activities will include travel to various locations and may include exposure to outdoors, sun and/or rain & other inclement weather are advised to take precautionary measures.
* Only bring electronics, cash, or valuables that are necessary and keep secure- leave other items at home

**\*Volunteers should consult with their site team leader if they have questions about any tool use, processes, safety issues or personal protective equipment.**

**Emergency Medical Care/Medical Costs**:

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 and its staff, volunteers, and agents (“released parties”) 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 volunteer 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/released parties) to place me, at my own expense, and without any further consent, in a hospital, for emergency medical services and treatment, or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment if I am unable to.

Liability Waiver/ Equipment, Tools and Vehicles:

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

I further acknowledge that Stetson University is not responsible for travel to and from any volunteer projects or events. I understand that if I drive my own vehicle, or am a passenger in another’s private vehicle in connection with this trip/function, that Stetson University’s auto insurance does not cover such a private vehicle. I also understand that the University cannot be responsible for assuring the safety and reliability of such private transportation or driver, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

**Liability Waiver and Hold Harmless Agreement:**

**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.

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Signature of Participant Date Signature of Witness Date

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Printed Name of Participant Printed Name of Witness

**Required if Student is under 18 years of Age**: DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_

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Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Participant Address & Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Rev. Aug 2013)

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