



## Personal Information Sheet

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:      M \_\_\_ F \_\_\_                      Circle One: FR   SO   JR   SR   Grad Student

**Please list two emergency contacts:**

_____	_____	_____	_____	_____
Emergency Contact #1	Home Phone #	Work Phone #	Cell Phone #	Relation

_____	_____	_____	_____	_____
Emergency Contact #2	Home Phone #	Work Phone #	Cell Phone #	Relation

Please check **ALL** projects with whom you could potentially volunteer with during the 2008-2009 academic year:

- |                            |                                  |
|----------------------------|----------------------------------|
| ___ Azalea Retirement Home | ___ Storybook Farm               |
| ___ Joyland Daycare Center | ___ Community Market             |
| ___ Food Bank              | ___ Monarch Estates              |
| ___ Humane Society         | ___ Loachapoka Elementary School |
| ___ Reading is Fundamental | ___ Parkerson Mill Creek         |



**AUBURN UNIVERSITY  
VOLUNTARY WAIVER, RELEASE OF LIABILITY AND  
ASSUMPTION OF RISKS**

**IMPACT – Student Volunteers in Community Service  
2008-2009 Auburn University Academic Year**

**NAME OF PARTICIPANT:** \_\_\_\_\_

**PLEASE READ THIS “RELEASE” CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED RELEASE MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE IN IMPACT.**

**I, the undersigned, wish to participate during the 2008-2009 Auburn University academic year in IMPACT’S Student Volunteers in Community Service Programs (hereafter “Programs”) that I have selected on the “Personal Information Sheet” on the reverse side of this document and, in consideration for my participation, I hereby agree as follows:**

I acknowledge, understand and appreciate that as part of my participation in the Programs 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. I further realize that participating in the Programs may involve risks and dangers, both known and unknown, and have elected to take part in the Programs. Risks included travel to and from the Programs. 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 to or from the Programs. I understand that I am responsible for my own insurance.

I understand that, in some projects, I will be volunteering in the Programs, and in such course of volunteer work, I will have contact with domestic companion animals. I further understand that the behavior of domestic companion animals is sometimes unpredictable and that some domestic companion animals are capable of inflicting serious personal injury or death, as well as extensive property damage. I further understand that it is my responsibility to obtain transportation to and from the Programs in which I participate. I understand and agree that I will follow all safety precautions required for participation.

I hereby release IMPACT, Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (hereafter “Auburn”) from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury or loss that I may suffer while training, preparing, participating and/or traveling to or from the Programs. This agreement is binding on my heirs and assigns. I understand that Auburn accepts no responsibility for my personal property.

I furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Programs.

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur during my participation in the Programs.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my participation in any part of the Programs, shall be brought only in Lee County, Alabama.

**This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.**

Participant Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Participant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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