

# Volunteer Agreement, Informed Consent, Voluntary Waiver, Release of Liability, & Assumption of Risks Form

Name of volunteer:

Youth Program ("Program") serving:

Address:

Date(s) of service:

City:

Supervisor:

State:

Brief description of duties to be performed:

Zip:

Phone number:

Email:

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.**

**THIS COMPLETED AND SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO SERVE AS A VOLUNTEER FOR AUBURN UNIVERSITY.**

I, the undersigned, will be volunteering my services at Auburn University (hereafter "University") on the date(s) as specified above. I understand and agree that my duties will be to serve the program and supervisor as specified above. In consideration for being allowed to participate in the volunteer service of the University I do hereby agree that:

## 1. Scope of Volunteer Service

I understand that as a volunteer while performing the duties as indicated above ***I am not a University employee.*** I will not be covered by any health and/or accident insurance provided by the University while I am volunteering. I also understand that I am neither covered by the University's On the Job Injury Program, nor entitled to any employee benefits or compensation of any kind. I understand that as a volunteer the University does not provide me with accident or medical insurance and is therefore not responsible for any accident or medical expenses incurred by me. I further understand that if I am a current employee of the University serving as a volunteer as indicated above, with duties separate from my University employment, that my volunteer status does not preclude me from making claims under my health and/or accident insurance or for other benefits available to me as a University employee.

I understand that the ***University shall have the right to release me as a University volunteer without prior notice,*** and I agree that I will leave immediately when asked to do so. I also agree that I will immediately return all University property, including but not limited to any keys, clothing, books, equipment, tools, and all data and documents, including all such information stored electronically. While volunteering at the University, I may acquire information, data, procedures, and techniques which are confidential, proprietary information of the University. I agree not to disclose such information to others and not to use such information for any other purpose without the prior written consent of the Program where I am volunteering.

***I will comply with all University rules and regulations, including safety precautions, applicable to my presence at the University and my participation in my volunteer activities, and will follow the directions and guidance of the Program, my supervisor, and other University personnel in other facilities where I am volunteering.*** I also understand and agree that I am a volunteer only, and at no time will I be considered or deemed to be an agent, servant, or employee of the University.

## 2. Assumption of Risks

I acknowledge, understand, and appreciate that as part of being a volunteer of the University 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.*** The dangers, hazards, and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions, or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards, or risks not presently known or reasonably foreseeable. ***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 as a volunteer for the University.*** I agree that if I am personally injured or suffer any loss of or damage to personal property while performing the duties as indicated above, I will not attempt to claim coverage under any University insurance policy or University self-insurance program.

## 3. Hold Harmless and Indemnification

In consideration of my being allowed to participate as a volunteer for the University, ***I agree to release, indemnify, and hold harmless*** the Youth Program, Youth Program Personnel, Auburn University; its Board of Trustees, individually and collectively; Administrators; Faculty; Staff; and all other officers, directors, employees, and agents from and against any and all losses, expenses, claims, actions, liabilities, and judgments (including attorney fees), which I, my dependents, assigns, personal representatives, heirs, or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action, or inaction of the University persons acting on its behalf or otherwise.

## 4. Informed Consent

I have been given ample time to read and understand this Volunteer Agreement, Informed Consent, Voluntary Waiver, Release of Liability, & Assumption of Risks Form and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. I understand and agree to all of its terms and conditions. This Volunteer Agreement, Informed Consent, Voluntary Waiver, Release of Liability, & Assumption of Risks Form contains the entire agreement between the parties to this agreement and the terms are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. Further, by signing this agreement I attest to the fact that I am at least nineteen years of age or older, or that I am a parent or guardian signing on behalf of my child or ward.

**SIGNATURE IS REQUIRED:**

**Volunteer's Name:**

**Volunteer's Signature:**

**Date:**

**Parent/Legal Guardian's Name:**

**Parent/Legal Guardian's Signature:**

**Date:**

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19  
OR ANYONE WHO LACKS THE CAPACITY TO ENTER INTO A BINDING AGREEMENT**