**Volunteer Information Sheet and Release**

**Volunteer Name:** Click here to enter text.

**Volunteer Address:** Click here to enter text.

**Volunteer Phone:** Click here to enter text.

**Volunteer E-Mail Address:** Click here to enter text.

**Volunteer Date of Birth:** Click here to enter text.

**Parent/Guardian Name:** Click here to enter text.

*(If volunteer is under the age of 19)*

**Volunteer Emergency Contact:** Click here to enter text.

**Volunteer’s Medical Provider:** Click here to enter text.

**Authorized Adult to supervise:** Click here to enter text.

*(if volunteer is a minor)*

**Volunteer Activity Description:** Click here to enter text.

**Volunteer Dates/Times:** Click here to enter text.

**Department/Volunteer Supervisor:** Click here to enter text.

**Background Check Required:** [ ] **Yes** [ ]  **No**

**Background Check Completed** [ ] **Yes** [ ]  **No**

**and Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature, Human Resources Representative

**Required Training (FERPA, HIPPA, hazardous chemicals, IT security, etc.) *If applicable***

Click here to enter text.

**Required Training Completed:** [ ] **Yes** [ ]  **No**

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

PLEASE READ THIS “RELEASE” CAREFULLY. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY-SIGNED RELEASE MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE AS A VOLUNTEER.

I, the undersigned, wish to participate as a volunteer in connection with the above-referenced Athens State University (“University”) programs and/or activities, as well as any other University programs/activities during the dates listed above (the same being collectively referred to herein as the “Activities”). As consideration for my participation in any one or more of the Activities, I, on behalf of myself, my heirs, executors, guardians, legal representatives, administrators, successors and assigns, do hereby agree as follows:

 I understand that I am a volunteer with respect to the Activities, and as such, I am willingly providing goods and services without any promise, expectation, or receipt of any pay, benefits or payment in kind. I understand that, as such, I am not covered by the Fair Labor Standards Act, and am not considered an employee or independent contractor, nor am I eligible to receive worker’s compensation benefits. I agree to fully comply with the University’s [*University Volunteers*](https://www.athensedu.org/pdfs/policies/Operating/Administrative/University-Volunteers.pdf) policy.

I know and understand that participation in the Activities can involve a risk of injury. I agree that I have made a voluntary choice to participate in the Activities with any risk they present. I agree to assume all risk of injury, damage to property, or loss of life which might be associated with, or result from, arise from, or relate to the Activities. I agree to accept all responsibility for the risks, conditions and hazards associated with the Activities, which may occur whether they now be known or unknown.

I agree to release, acquit, forever discharge, indemnify, and hold harmless the University (including its directors, officers, volunteers, employees, and agents), from and against any claims, demands, losses, or damages arising out of any personal injury or other damages to me or to any other person, or out of any property damage, arising from or related to my participation in the Activities, 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 persons 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 Activities.

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

I understand and agree that the University may conduct a background check on me if it deems it to be necessary due to the types of activities that I may be doing. If it does undertake such a background check, I agree

to cooperate and provide such information as the University may deem reasonably necessary in order to complete the background check.

I grant the University unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of me relating to or in connection with the Activities, individually or in conjunction with other photographs, in any printed or videographic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustration, promotion, art, editorial, advertising and trade. I waive any right to inspect or approve the finished product(s) that may be used in connection with the aforementioned images. I understand that the photographs taken by the staff or their designers of the University will be included in the department files. I agree the images and their copyright privileges shall be the sole property of the University.

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 Limestone County, Alabama. This RELEASE contains the entire agreement between the parties to this agreement. I have been given ample time 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.

Signed this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

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Name of Volunteer (Print) Signature of Volunteer

**PARENTAL AGREEMENT AND INDEMNIFICATION**

(To Be Completed where Volunteer Is Under the Age of Nineteen)

As a parent or guardian of the above-mentioned minor, I give permission to my child or ward to participate as a volunteer with respect to the Activities. I have read and understand the above RELEASE, and on my behalf and on the behalf of my child or ward, I agree to all terms contained in the same, and I specifically agree to release, indemnify, and hold harmless the University (including its directors, officers, volunteers, employees, and agents) with respect to any and all claims that may arise from or relate to the participation of the above named minor child as a volunteer with respect to the Activities.

Signed this \_\_\_ day of \_\_\_\_\_\_\_, 20\_\_.

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Name of Parent or Guardian (Print) Signature of Parent or Guardian

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Approved for Volunteer Activities: [ ]  Yes [ ]  No

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Sponsoring University Department/Supervisor Signature