



Originally Issued: August 20, 2018
Reviewed: October 15, 2020
Reviewed: September 30, 2022
Reviewed: January 6, 2025

Volunteer Information Sheet and Release

Volunteer Name:

Volunteer Address:

Volunteer Phone:

Volunteer E-Mail Address:

Volunteer Date of Birth:

Parent/Guardian Name:

(If volunteer is under the age of 19)

Volunteer Emergency Contact:

Volunteer's Medical Provider:

Authorized Adult to supervise:

(if volunteer is a minor)

Volunteer Activity Description:

Volunteer Dates/Times:

Department/Volunteer Supervisor:

Background Check Required:

**Background Check Completed
and Accepted**

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

Training Completed: Yes No



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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](#) 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



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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.

PRINT Name of Parent or Guardian

Signature of Parent or Guardian

Approved for Volunteer Activities:

Yes

No

Sponsoring University Department/Supervisor Signature