



VOLUNTEERS

Waiver of Liability and Release

Please read the following carefully. If you have any questions, have them answered before signing this document.

As a volunteer, I agree to provide the following services: _____ for the _____ department. I understand that I will not be compensated for the services rendered and as a volunteer, the University is free to terminate the relationship with or without notice, with or without prior warning, with or without cause.

I hereby release, waive and hold harmless Central Michigan University and its Board of Trustees, officers, agents and employees, from and against any and all claims, including attorney fees, demands or causes of action of any type resulting from property damage, personal injury or death, arising directly or indirectly from my participation as a volunteer.

However, I understand that this waiver and release does not apply to instances of gross negligence or intentional misconduct by a University employee or agent.

I further release Central Michigan University, and its Board of Trustees, officers, agents and employees from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Central Michigan University, including, but not limited to, owners or contractors providing accommodations or other services.

I am aware of the risks associated with participation as a volunteer, including the risk of property damage, personal injury, illness or death. I assume full responsibility for any bodily injuries or property damage sustained as a result of my participation as a volunteer, including while traveling.

I understand neither the University nor its employees or agents will be liable for any medical expenses which I might incur in connection with my participation as a volunteer, unless they result solely from the gross negligence or intentional misconduct of University employees or agents.

It is my responsibility to make arrangements to handle such expenses through health insurance, access to cash, or other methods.

As a volunteer I assume full responsibility for any and all damage claims made by others against me arising directly or indirectly out of any of my own activities, acts or omissions in connection with my volunteer activities.

This waiver and release is effective for me, my personal representatives, assigns, and heirs.

I assume full responsibility for maintaining the confidentiality of all proprietary or privileged information to which I am exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, other person or overall business. Failure to maintain confidentiality may result in my termination or other corrective action.

By signing this waiver and release, I acknowledge that I have read and understand this document, and agree to its terms and conditions.

Volunteer's Signature

Volunteer Name (please print)

Date

Individuals under the age of 18 are not eligible to volunteer.

Have you ever been convicted of a felony or misdemeanor?

Yes

No

Are there any felony charges pending against you?

Yes

No