



VOLUNTEER WAIVER AND PARENTAL CONSENT (Non-Students under the age of 18)

PARTICIPANT (Minor's Name): _____ SUPERVISOR _____

DESCRIPTION OF PROGRAM: _____

LOCATION: _____ DATE(S): _____

I, _____, am the Parent / Guardian (circle one) of the above-named Participant who is under eighteen (18) years of age, and I am fully competent to sign this agreement. I hereby give permission for Participant to volunteer at Davidson College and agree to the terms stated below with my signature.

1. I acknowledge that Participant is not an employee of Davidson College and does not qualify for the rights and benefits associated with employment at Davidson College and may be released from volunteer service without prior notice.
2. I do not expect, and I understand that Participant will not receive, any present or future compensation or benefits available to employees of Davidson College.
3. I understand that as a volunteer Davidson College does not provide Participant with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that Participant is not entitled to employee benefits as a result of his or her volunteer affiliation. The only exception is that college volunteers are covered under Worker's Compensation insurance (Endorsement WC000311A).
4. I understand and agree that I fully and voluntarily assume the risks of any injury, illness, damage, or loss associated that may result during the course of Participant's volunteer service at Davidson College.
5. I understand and agree that Davidson College may not have medical personnel available at the location of the volunteer service. I understand and agree that Davidson College is granted permission to authorize emergency medical treatment, if necessary, and that such action by Davidson College shall be subject to the terms of this Agreement. I understand and agree that Davidson College assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that I am solely responsible for all costs associated with any injury sustained by the Participant while volunteering, including the cost of authorized emergency medical treatment. I further state that there are no health-related reasons or other problems which preclude or restrict Participant's volunteer service.
6. I agree to assist the Participant in becoming familiar and complying with Davidson College's conduct policies, including, but not limited to, the following policies: Non-Discrimination and Non-Harassment, Confidentiality of Information, Drug-Free Workplace, and Occupational Health and Safety.
7. I give Davidson College permission to use any photograph, video and/or audio recording of Participant made by Davidson College during the course of the volunteer service, including but not limited to benefits gained from such photographs and recordings.
8. In exchange for Davidson College's agreement to extend its third-party liability insurance coverage to Participant, if approved by its insurer, for any claims filed against Participant relating to the good-faith performance of his or her volunteer duties, I hereby release Davidson College, its board of trustees, officers, employees, and agents from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorney's fees and court costs, that may arise in connection with Participant's services to Davidson College.
9. This document shall be governed by the laws of the State of North Carolina without regard to that state's choice of law provisions. In the event that this document shall be void or unenforceable in part, the remaining portions of this document shall be deemed valid and enforceable.
1. Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction. **I UNDERSTAND THIS AGREEMENT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY, ILLNESS OR DEATH OR DAMAGE TO PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED PROGRAM AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY, ILLNESS OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

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This Volunteer Acknowledgement and Agreement shall continue in effect during all periods of Participant's volunteer service, unless terminated or modified with the written approval of Davidson College.

Parent or Guardian's Signature

Parent or Guardian's Printed Name

Date

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CONTACT INFORMATION

Name of Parent/Guardian _____ Relationship _____

Address _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Cell) _____

Alternate Contact Name _____ Relationship _____

Address _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Cell) _____