



VOLUNTEER WAIVER FORM

NAME: _____ SUPERVISOR _____

DESCRIPTION OF PROGRAM: _____

LOCATION: _____ DATE(S): _____

I, _____, wish to serve as a volunteer at Davidson College. I agree to the terms stated below with my signature.

1. I acknowledge that I am not an employee of Davidson College and do 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 I 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 me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my 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 that may result during the course of my volunteer service at Davidson College.
5. I agree to become familiar and comply 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.
6. I give Davidson College permission to use any photograph, video and/or audio recording of me made by Davidson College during the course of my volunteer service, including but not limited to benefits gained from such photographs and recordings.
7. In exchange for Davidson College's agreement to extend its third-party liability insurance coverage to me, if approved by its insurer, for any claims filed against me relating to the good-faith performance of my 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 my volunteer services to Davidson College.

8. 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.

9. 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 ANY 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 MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

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

Volunteer Signature Date

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CONTACT INFORMATION

Address _____

Telephone (Home) _____ **Telephone (Cell)** _____

Emergency Contact Name _____ **Relationship** _____

Emergency phone (Home) _____ **Emergency phone (Cell)** _____