Andrews University

Seek Knowledge. Affirm Faith. Change the World.

VOLUNTEER RELEASE & WAIVER OF LIABILITY

Please read carefully. This is a legal document that affects your legal rights.

I want to participate in volunteer activities for the Andrews University ("AU") Change It Up Day. I have agreed to work as a volunteer of my own free will and without any expectation of compensation. As an AU Volunteer, I freely, voluntarily, and without duress, execute this Release under the following terms:

1. Assumption of risk. I understand that my volunteer work for AU may include activities that are hazardous and/or physically strenuous, including without limitation yard work, painting, cleaning, cutting, lifting, and pulling. I also understand that I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons, or the conditions under which my services are performed while participating in AU volunteering. With these understandings, I agree to the following:

- I will follow all instructions provided by AU, its employees, or volunteer coordinators.
- I will only use equipment that I know how to operate and use safely.
- I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.
- I will take all reasonable precautions to avoid injury to myself and to others and damage to property.
- Finally, I agree to assume the risk of injury or harm and release AU, its trustees, officers, directors, employees, and other volunteers from all liability for injury, illness, death, or property damage arising from my work as an AU Volunteer.

2. Transportation. I understand that transportation to and from the volunteer site is my own responsibility unless otherwise expressly provided by the University. If I choose to (a) drive my own vehicle to or from the volunteer site; (b) ride as a passenger in a privately owned vehicle operated by another volunteer or third party; or (c) provide transportation to other volunteers in my privately owned vehicle, I acknowledge that such transportation is not provided, operated, or controlled by the University.. I further understand that volunteer drivers are not acting as agents, employees, or authorized representatives of the University solely by providing transportation to fellow volunteers.

I further understand that travel by motor vehicle involves inherent risks, including but not limited to (a) traffic collisions; (b) negligent acts or omissions of drivers or other motorists; (c) hazardous road or weather conditions; (d) vehicle malfunction; or (e) injuries, disability, property damage, or death.

I knowingly and voluntarily assume all risks associated with traveling to and from the volunteer site in a privately owned vehicle, whether as a driver or passenger.

3. **Waiver and Release.** I hereby release and forever discharge and agree to indemnify and hold harmless AU from any and all claims, liabilities, losses, damages, costs and expenses resulting from injury or death to myself or any other person or property damage, or any other injury or harm that may arise out of my work as an AU Volunteer. I understand that this release discharges the above entities from any liability that may result from my work whether caused by the negligence of AU.

4. **Medical treatment.** I release and discharge AU from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.

5. **Insurance. AU does not have responsibility for providing any health, medical or disability insurance coverage for me**. Volunteers are encouraged to have medical/health insurance.
    a. I understand that if I drive my personal vehicle for AU business while volunteering, I must have a valid driver's license and proof of auto insurance.

6. **Photographic release.** I grant to AU the right to use photographic images and video or audio recordings of me that are made by AU or others during my volunteer work for AU.

7. **Duration of Release.** My agreement to the terms in this Release & Waiver applies as long as I volunteer for AU.

8. **Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of Michigan and that this Release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this Release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.

Signature _____ Email _____

Name of Adult (please print)

Street Address

If signing for a minor, their name(s)

City, State, Zip

Emergency Contact

Emergency Phone Number

Phone

Date