

**KENT STATE UNIVERSITY VOLUNTEER ASSIGNMENT FORM AND RELEASE**

I, \_\_\_\_\_, agree to participate as a volunteer in \_\_\_\_\_ (“Coordinating Department”) from \_\_\_\_\_ to \_\_\_\_\_. I understand that as a volunteer **I AM NOT AN EMPLOYEE** and I will not receive, nor do I expect, payment or any other form of remuneration for my services. I further understand that I will not be eligible for any Workers’ Compensation benefits or any other university benefits. I agree that I provide these services freely, without coercion, and at the will of both parties and either party may terminate this opportunity at any time.

I understand and recognize that I am responsible for my own well being. Further, I understand and acknowledge that my participation in this activity is fully and completely voluntary. I will follow the guidelines, regulations, and/or rules of the University (including but not limited to University Policy 3342-6-04.4), as well as the direction of those coordinating or otherwise monitoring my efforts as a volunteer.

I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this assignment, which could also include the serious loss of limb or life or loss of property. I agree to utilize all available safety measures including following any safety training provided, and wearing all necessary protective gear if required. Further, I understand and voluntarily agree to assume any and all risks, which may include any and all foreseeable or unforeseeable harm, injuries, damages, or risks as a result of participating in this assignment.

I also understand that the University does not carry medical or liability insurance for me while I am participating in this assignment. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of attending this assignment. I understand and agree that if I travel by a privately owned vehicle to perform work associated with activity related to this volunteer opportunity, the insurance coverage is limited to that maintained by the driver or owner of the vehicle. No coverage is provided by the University for any injury or damage caused and/or incurred due to such travel.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to release, indemnify and hold the supervisor(s) and coordinator(s) of this activity, Kent State University, its Board of Trustees, agents, officers, and employees, and students harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this assignment, even if due to the negligence of Kent State University or any person serving in the above-identified capacities.

*I affirm that I am 18 years of age or older and therefore an adult according to the laws of the State of Ohio. I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions and that I am giving up substantial rights including my right to sue. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I acknowledge that I am signing the agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.*

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Participant Signature Participant’s Address Date

*I affirm that I have reviewed this assignment and confirm that such assignment is in accordance with university policy 3343-6-04.4. The use of this volunteer does not replace or otherwise supplement work performed by other University employees or those duties normally associated with paid positions of the University.*

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University Signature (Print Name) Division/College/Department Date

**PARENTAL RELEASE (VOLUNTEER UNDER THE AGE OF 18)**

As a parent/guardian on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. I further understand and agree that the University is not assuming a custodial or special relationship through this activity. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Kent State University, its agents, officers and employees against any action brought against KSU by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

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Parent/Guardian Signature (Print Name) Guardian Address (City, State, Zip)