

KENT STATE UNIVERSITY VOLUNTEER RELEASE %
(For Laboratory And Research Volunteers) %

I, _____, agree to participate as a volunteer in _____ (the "Research") with Principal Investigator _____ from _____ to _____. I understand and acknowledge that I am volunteering to perform the research in accordance with the Administrative Policy 3342-6-04.4 (<https://www.kent.edu/policyreg/administrative-policy-regarding-volunteers>). Accordingly, I understand, acknowledge and agree that as a volunteer **I AM NOT AN EMPLOYEE** of Kent State University ("University") and I will not receive, nor do I expect to receive, 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 am volunteering to participate in the Research freely, without coercion, and at the will of both parties, and either party may terminate this opportunity at any time.

I have taken and passed all applicable training for compliance and safety requirements for the Research as directed by the Principal Investigator and I agree to follow the guidelines, regulations, and/or rules of the University (including but not limited to Policy 3342-6-04.4), as well as the direction of the Principal Investigator and or other University personnel coordinating or otherwise monitoring my efforts as a volunteer.

I understand and recognize that I am responsible for my own well-being. I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in the Research. I agree to utilize all available safety measures including following the directives of the safety training 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 voluntarily participating in the Research.

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 participating in the Research. I understand and agree that if I travel by a privately-owned vehicle to perform work associated with the Research, that available insurance coverage is limited solely to any insurance 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 the Research, I agree to release, indemnify, and hold the Principal Investigator and all coordinator(s) of the Research, the University, its trustees, agents, officers, 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 the Research, even if due to the University's negligence.

VOLUNTEERS 18 YEARS OF AGE OR OLDER:

I affirm that I am 18 years of age or older. 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.

Participant Signature	Participant's Address (City, State, Zip)	Date
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PARENTAL RELEASE FOR VOLUNTEERS 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.

Parent/Guardian Signature	Parent/Guardian Address (City, State, Zip)	Date
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Principal Investigator Affirmation: I have reviewed this volunteer release and confirm that such assignment is in accordance with University policy 3343-6-04.4 (policy regarding volunteers) and that the use of this volunteer does not replace or otherwise supplement work performed by University employees or those duties normally associated with paid positions at Kent the University. I further confirm that any participation by minors in the research is in accordance with University policy 3343-5-19 (policy regarding activities involving minors).

Principal Investigator Signature	Date
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Approval by Signatory Authority

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