

# Clemson University

## Volunteer Release & Assumption of Risk

*To be completed by the Supervisor*

Supervisor: \_\_\_\_\_  
Sport/Unit: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

*To be completed by the Volunteer*

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Volunteer's Role (brief description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the above named volunteer, state that I am 18 years of age or older and I am voluntarily performing service for the University of my own free will and without promise of any remuneration, compensation, or benefits, including insurance.

I understand that either the University or I may terminate this volunteer relationship at any time without any notice.

I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering for the University and I agree that I will not disclose any confidential information without the prior written authorization from Clemson University. I understand that my obligation for confidentiality continues into perpetuity.

In consideration of being permitted to volunteer and participate in the Activity, I hereby acknowledge and accept that within the course and scope of my activities as a volunteer, I may be exposed to hazards or risks associated with activities associated with the role described above that may result in my illness, personal injury, or death.

I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claim, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my participation in this volunteer Activity, whether caused by negligence of the University, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the University for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my negligent or intentional act or omission while participating in this volunteer activity.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
VOLUNTEER'S SIGNATURE

Date Signed \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

Date Signed \_\_\_\_\_

**If Volunteer is under the age of 18, his or her parent or legal guardian must also sign:**

I, (printed name) \_\_\_\_\_, am the parent or legal guardian of the Volunteer who has signed above. I have read and I understand the Provisions of this document, I consent to the volunteer taking part in this Activity described above, and I fully enter into and agree to the above Assumption of Risk and Release from Liability.

\_\_\_\_\_ Date Signed \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

Signature witnessed by:

\_\_\_\_\_ Witness \_\_\_\_\_ Witness