

RISK MANAGEMENT

210 Flagg Road, Suite 213, Kingston, RI 02881 USA p: 401.874.2591 f: 401.874.9101 web.uri.edu/businessservices/riskmanagement



Volunteer Acknowledgement, Agreement and Liability Waiver

For value received, and upon signing and submitting this Volunteer Acknowledgement and Waiver, I confirm that I wish to participate at University of Rhode Island (“the University”) as a volunteer in contribution to the University’s goal of providing various educational opportunities and services to students. I confirm and acknowledge that my services are voluntarily offered and are rendered as a University non-compensated volunteer to assist with the general activities and programs associated with the University. I understand that the term of this agreement is applicable during the period designated below.

University Dept. Using Volunteer Services: _____

Dept. Supervisor, VP or Dean Requesting Services: _____

Phone: _____ Email: _____

Volunteer Services for Semester: (circle one): Spring Fall Summer Other: _____

I agree to abide by the University of Rhode Island policies and procedures, as well as all state, federal, and local laws. I also understand that since my services at URI are voluntary, either the University or I may terminate them at any time, with or without cause.

Risk Acknowledgement:

I understand that my Volunteer participation and any travel associated with it, could involve risk of bodily injury, property damage, or death, and I accept and fully understand these risks. I acknowledge that it is the responsibility of each Volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time including those relating to travel.

Insurance:

I understand that my services and participation are rendered as a volunteer in a non-employee capacity, therefore employee benefits such as health insurance cannot be offered, and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the University may carry applicable to volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverage’s I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverage’s. In addition, I understand that Campus Health Services and the Campus Student Insurance plan are only available to active, eligible full time and international students.

Emergency Medical Treatment:

Should I become injured or ill during my Volunteer activities, I hereby grant the University full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the University and their related staff, representatives or host organizations from liability for such decisions.

Liability Waiver and Indemnification:

Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; University of RI, State of RI, RI Board of Education, their faculty, staff, trustees, officers, representatives, agents, and host organizations from all form and manner of risks inherent or relating to such activities, and I waive all claims and demands of any nature arising from my volunteer participation, campus access and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if necessary. I understand the foregoing and hereby agree to be bound by same.

Volunteer Name: _____

Address: _____

Email: _____

Emergency Contact: _____

Volunteer Signature: _____ Date: _____