## KENT STATE UNIVERSITY VOLUNTEER ASSIGNMENT FORM AND RELEASE

I agrae	to participate as a valuntoor in	•	("Coordinating
Department") from	any other university benefits. I agre	Inteer I AM NOT AN EMPLO les. I further understand that I lee that I provide these servi	will not be eligible
I understand and recognize that I am resp participation in this activity is fully and comp (including but not limited to University Policy my efforts as a volunteer.	letely voluntary. I will follow the guide	elines, regulations, and/or rule	es of the University
I fully understand and appreciate the potenti this assignment, which could also include the measures including following any safety tr understand and voluntarily agree to assume injuries, damages, or risks as a result of part	ne serious loss of limb or life or loss of aining provided, and wearing all ne any and all risks, which may include	of property. I agree to utilize accessary protective gear if re	all available safet equired. Further,
I also understand that the University does assignment. By placing my signature below insurance for any injuries that I may incur a privately owned vehicle to perform work asslimited to that maintained by the driver or damage caused and/or incurred due to such	y, I acknowledge to the University that as a result of attending this assignment sociated with activity related to this very owner of the vehicle. No coverage	at I have adequate medical a ent. I understand and agree to olunteer opportunity, the insu	and hospitalization that if I travel by a urance coverage is
NOW, THEREFORE, in consideration for be supervisor(s) and coordinator(s) of this acti and students harmless for any and all direct may incur as a result of my participation in the serving in the above-identified capacities.	vity, Kent State University, its Board t, indirect, special or consequential d	d of Trustees, agents, officers lamages, or costs, legal and	s, and employees otherwise, which
I affirm that I am 18 years of age or older above terms of this Agreement/Release, and up substantial rights including my right to executors, and assigns of the undersigned. be a complete and unconditional release of a	d I understand and voluntarily agree to sue. This Agreement/Release shall I acknowledge that I am signing the a	to the terms and conditions a all be binding upon the hei agreement freely and intend i	nd that I am giving irs, administrators
Participant Signature	Participant's Address		Date
I affirm that I have reviewed this assignmen 04.4. The use of this volunteer does not re those duties normally associated with paid p	eplace or otherwise supplement wor		
University Signature (Print Name)	Division/College/Departr	ment	Date
PARENTAL RELEASE (VOLUNTEER UND	DER THE AGE OF 18)		
As a parent/guardian on behalf of the above agree to the terms and conditions stated he or special relationship through this activity. and assigns of the undersigned. I further a any action brought against KSU by the about upon reaching the age of majority. I warrandove-named minor	erein. I further understand and agree This Agreement/Release shall be bir agree to indemnify Kent State Univer- ove-named Participant, including but	e that the University is not ass nding upon the heirs, adminis sity, its agents, officers and e not limited to an action brou	suming a custodia strators, executors employees agains ught by him or he

Parent/Guardian Signature (Print Name)

Guardian Address (City, State, Zip)