



FLORIDA ATLANTIC UNIVERSITY
VOLUNTEER WAIVER AND RELEASE

Participant: \_\_\_\_\_
First name Middle Initial Last

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

I intend to volunteer at \_\_\_\_\_
("Organization") on days and at times as follows: \_\_\_\_\_ or as otherwise agreed upon
by me and the Organization. The volunteer services shall generally consist of the following types of
activities: \_\_\_\_\_ ("Services").

- 1. I acknowledge and agree that I am required to act and perform any Services in a mature, responsible
and professional manner at all times during the Services and further acknowledge and agree that I
will be held responsible for my own behavior.
2. I acknowledge and agree that I must observe all federal, state and local laws and all rules,
regulations and policies of Florida Atlantic University ("University") and the Organization.
3. In exchange for the University arranging for me to participate in the Services, I give the University
the right and permission to record my participation and appearance on videotape, audiotape, film,
photography or any other medium and to use my name, likeness, voice and biographical information
in connection with these recordings. The University may exhibit or distribute all or any part of these
recordings for any educational or promotional purpose that the University and its employees deem
appropriate. All such recordings shall be the University's property.
4. In exchange for the University arranging for me to participate in the Services, I, on behalf of myself,
my spouse, family, heirs, beneficiaries and personal representatives, agree to assume all the risks and
responsibilities of participating in the Services. I release and forever discharge and covenant not to
sue the Florida Atlantic University Board of Trustees, the Florida Board of Governors, and the State
of Florida, and their respective officers, agents, employees and representatives ("Releasees") from and
against any and all liability for any and all claims, demands, actions, causes of action of whatever
kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have
or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury,
including but not limited to suffering, death or property loss that may be sustained by me, whether
caused by my action or negligence or the action or negligence of Releasees or third parties in
connection with the Services. I also agree not to sue Releasees in connection with any such harm,
loss, damage or injury. I agree to defend, indemnify and hold Releasees harmless from and against all
Claims asserted against any of the Releases by any entity or individual based upon my participation
in the Services. Notwithstanding the foregoing, nothing herein shall limit or affect my rights (if any)
to workers compensation benefits as a volunteer pursuant to Florida law.
5. I fully understand that there are potential risks and hazards associated with the Services, including,
but not limited to, possible injury or loss of life. I further understand that while participating in the
Services, I may be interacting with persons, places or objects that are not associated with or under
the control or supervision of the Releasees. Despite the potential risks and hazards associated with
the Services, I wish to proceed, and freely accept and assume all risks and hazards that may arise
from my participation in the Services and that could result in loss, illness, personal injury, death or
property damage, whether caused by the negligence of Releasees or otherwise.

6. I understand that during the Services, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University or to individuals who do not have a legitimate need to access such information. I agree to keep all University records and files confidential. I also agree to keep confidential any health or student information that I observe or access and will not disclose, discuss or reveal any such information to anyone, except where required within the scope of my volunteer Service.
7. I acknowledge and agree that should any provision or aspect of this Waiver and Release form be found to be unenforceable, all remaining provisions of this form will remain in full force and effect. Further, I acknowledge and agree that this form shall be construed pursuant to the laws of the state of Florida.
8. I acknowledge and agree that my participation in the Services may cease at any time at my request or at the request and discretion of the University or the Organization.
9. I acknowledge and agree that volunteers are not considered employees or agents of the University or the Organization and that I am not entitled to compensation for my Services. I may be entitled to workers compensation and state liability protection under the same conditions as state employees in accordance with Chapter 440 and 768.28 of the Florida Statutes.

**I HAVE READ THIS WAIVER AND RELEASE FORM, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT AND VOLUNTARILY AGREE TO BE BOUND BY IT.**

\_\_\_\_\_  
 Volunteer's Signature (I certify that I am 18 years of age or older) Date

\_\_\_\_\_  
 Parent/Guardian's Signature (If Volunteer is under 18 years of age) Date

**Emergency Contact Information**

1. Contact name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Contact name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Revised May 31, 2013