

## Alfred University Volunteer Program Release and Waiver of Liability

I \_\_\_\_\_ (the “**Volunteer**”), in volunteering with Alfred University (“**AU**”), understand that I am entering into a volunteer position and am not entitled to any compensation in return of services provided to AU. AU will not provide any benefits associated with employment to me, and all volunteers are accountable for their own insurance coverage. I understand that I am responsible for my own care in the event of a personal injury or illness resulting from my volunteering services to AU. I expressly assume the risk of injury or harm from my volunteering activities with AU and release AU from all potential liabilities while I am providing volunteer services.

I understand and agree that AU does not assume any responsibility for or obligation to provide me with any sort of financial or other assistance, such as medical, health, or disability benefits or insurance of any nature. I understand that I will not be reimbursed for any travel expenses associated with getting to and from the volunteer site, or my participation generally, or any other expenses that have not been pre-approved in writing by AU.

I understand that depending on the activity for which I am volunteering, I may be subject to a background check, including a check of the National Sex Offender List, and hereby consent to such a check if required by AU.

I understand and agree that AU may collect personal information about me and I may be photographed, videotaped, or otherwise recorded. I further understand and agree on that AU may use my full name, personal information, image and likeness (in any form and without regard to distortions of character, form or color, or any other alteration) in photographs, videotapes, audiotapes, and other media, including materials for AU's sponsors, partners or other organizations or publications, websites or broadcast on television for promotional and other purposes in perpetuity, without any additional consideration to me or to any third party.

I hereby release and hold harmless AU, its officers, agents, employees, sponsors, affiliates contractors and volunteers from any and all liability, claims, and demands of any kind, either in law or equity, which may arise now or later from the volunteer services I provide to AU.

I agree that this release form is intended to be as broad and inclusive as permitted by law, and that this release will be governed and interpreted within the laws in the State of New York without reference to its conflicts of laws principles. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of the release will not be affected.

By signing below, I agree that I have read and understood this document and am entering into a volunteer position with AU and this Volunteer Release and Waiver of Liability willingly and voluntarily.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_