



Valdosta State University Volunteer Release/Agreement Form

As a volunteer for Valdosta State University, I certify that I am covered under personal medical insurance, and in the event that I am injured or incur any medical claim in association with my volunteer service, I agree that I will look solely to my own medical insurance for any claims, losses, or injuries, and that my heirs, executors and assigns hereby and forever discharge and agree to hold harmless Valdosta State University, its trustees, affiliated organizations, officer and employees from and against all claims, demands, suits, awards and judgments for any and all injuries, and/or activities on the Valdosta State University property. I realize that I will not be receiving any compensation from Valdosta State University. I realize that I am not covered under any accident and/or health insurance plan of Valdosta State University and fully accept and assume the risks of my activities at Valdosta State University. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

This agreement is valid from _____ to _____ (no greater than two (2) years).

Department Name

Department Representative's Signature

Volunteer's Name (Printed)

Date

Volunteer's Signature

Date

Revised 9/18/2015

Department of Human Resources & Employee Development

A Unit of the Division of Finance & Administration

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