

University of South Carolina
Department of _____
VOLUNTEER PARTICIPATION AGREEMENT
AND ACKNOWLEDGEMENT OF RISKS

Please read the statements carefully and sign in the space provided below.

In consideration of my being permitted to participate in the

<Enter brief description of activity>

volunteer activity in the Department of _____ over the time period from

_____ to _____

<Enter time period or dates involved>

I understand that there may be risks inherent in the volunteer work in which I will be participating. I acknowledge and assume these risks and accept that my participation may result in losses or personal injury. I also acknowledge and assume monetary responsibility for any such losses or personal injury.

Further, I agree now and forever to waive, release, hold harmless, defend, indemnify, and discharge the University of South Carolina, employees, servants, agents, officers, trustees, and other affiliated persons or entities from any and all claims, injuries, causes, actions, liability, demands, losses, legal or equitable, of any kind whatsoever, known or unknown, foreseen or unforeseen, including all legal fees and expenses, to include attorney's fees and court costs, arising out of, or in any way related any loss or damage to property, injury, illness, disease, loss of services, medical bills, charges, or otherwise, including Death, which may arise out of, or in any way be related to, my volunteer activities.

I agree and understand that as a volunteer with the University of South Carolina, I am not covered under the State Workers Compensation Act, nor does the University provide medical or health insurance coverage for me. As a result, if I am injured while serving as a volunteer, I cannot be compensated or reimbursed for medical expenses incurred through the State Workers Compensation Fund. Because of this, I may wish to consider securing adequate health and accident insurance to cover myself while performing my duties as a volunteer. I agree to be personally and completely liable for any expenses including, but not limited to, medical or health care expenses for medical treatment, illness, or condition, incurred for or on my behalf. I consent and give the University and any others associated with the University my permission, in case of accident or injury, to administer standard First Aid and to arrange for transportation to a medical facility.

If the volunteer activity involves the use of chemicals, I agree to complete University-sponsored Chemical Laboratory Safety training program before starting the activity. If the activity involves generation of hazardous waste, I also agree to complete University-sponsored Hazardous Waste training. I further agree to advise my sponsor in the Department of _____ of any situation or condition that may be a potential hazard or risk to me or to others.

I also agree that I will serve as a volunteer with the University of South Carolina without monetary compensation and recognize that the University of South Carolina is not required to provide any specific material support, space, or funding for my volunteer activity.

Initials of Volunteer/ Parent/Legal Guardian: _____ *(in addition, please sign and date page 2)*

I will abide by all the rules, regulations of the University of South Carolina. If I do not abide by these rules, I may be required to discontinue my activity as a volunteer.

Volunteer Signature

Date: _____

Print name

If Volunteer is under 18:

I warrant I am the parent or authorized legal Guardian of the Participant and I warrant I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

Volunteer Signature

Date: _____

Print name

Parent/Guardian Signature (required)

Date: _____

Print name

EMERGENCY CONTACT:

Name _____ Relationship: _____

Home: () _____ Work: () _____ Cell () _____ Other: () _____

Name _____ Relationship: _____

Home: () _____ Work: () _____ Cell () _____ Other: () _____

Please submit this signed form to the Faculty in charge of your host laboratory. This form will be attached to the application and submitted to the Chair of the Department who will review your application. If you have any questions or concerns regarding this evaluation form, please call the Office of Risk Management at 777-2828 or the Laboratory Safety Manager at 777-7650.