Hold Harmless Agreement and Release

Kent State University

I am registered to participate in the following activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, offered by Kent State University. The activity will take place from \_\_\_\_\_\_\_\_\_\_through \_\_\_\_\_\_\_\_\_\_\_. I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity supervisors, and/or coordinators, and that my participation in this activity is entirely voluntary and is at the direction or request of persons or entities not associated with Kent State University. I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs are strictly prohibited and could result in my dismissal from further participation in the activity. Further, I understand and agree that while I can provide my own transportation to the site of this activity, if I choose to ride with another participant, that decision is completely voluntary on my part and I will hold the owner and/or operator harmless for any injury or damage I may suffer as a result, even if due to the negligence of the owner and/or operator.

I understand that any Organization or University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity nor are these persons trained in the activities in which I may participate. I further understand that the Organization does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to Kent State University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity. If during my participation in the above noted activity, I become incapacitated or otherwise unable to provide consent to medical treatment and advance consent cannot be obtained from my family/legal guardian, I agree to have medical treatment performed when, in the opinion of medical personnel; my health or welfare will be adversely affected by any delay. In such an event, I authorize Kent State University or designated representative to grant permission for the medical treatment and/or release of medical information that I provided. I understand that filming or photos taken of any kind by Kent State University representatives belong to the University and can be used for any purpose at the discretion of the University.

I have read the above terms of this Agreement/Release, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

NOW, THEREFORE, IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN THIS ACTIVITY, I AGREE TO INDEMNIFY, RELEASE AND HOLD THE SUPERVISOR(S) AND COORDINATOR(S) OF THIS ACTIVITY, KENT STATE UNIVERSITY, ITS BOARD OF TRUSTEES, AGENTS, OFFICERS, AND EMPLOYEES, AND STUDENT VOLUNTEERS HARMLESS FOR ANY AND ALL DIRECT, INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES, OR COSTS, LEGAL AND OTHERWISE, WHICH I MAY INCUR AS A RESULT OF MY PARTICIPATION IN THIS ACTIVITY(IES), EVEN IF DUE TO THE NEGLIGENCE OF KENT STATE UNIVERSITY OR ANY OTHER ORGANIZATION ASSOCIATED WITH KENT STATE UNIVERSITY OR ANY PERSON SERVING IN THE ABOVE-IDENTIFIED CAPACITIES.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

Kent State University

Volunteer Policies and Expectations Agreement

As a volunteer member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_service project, I accept the following policies and expectations while serving:

Volunteers will follow all instructions given by crew team leader at all times.

Volunteers will notify their crew team leader of my whereabouts at all times.

Volunteers will adhere to all curfews established by the city in which the team is

residing and by the crew team leader.

Volunteers will attend the daily A.M. and P.M. team meetings and will report on time.

Volunteers understand that alcohol and drug consumption is prohibited throughout the experience.

Volunteers understand that concealed weapons and firearms are prohibited.

Volunteers will work safely following safe practices related to assigned tasks.

Volunteers will respect quiet time as established.

Volunteers will respect other volunteers, respect the individuals we are serving, and

pledge to be good ambassadors for Kent State University.

Volunteers will report any concerns or problems to crew team leader.

Volunteers will be responsible for any costs or fees incurred for any reason as a participant in the aforementioned University project. Incurred costs and fees

will be added to student Bursars account.

Volunteers give permission to contact parents/family/legal guardians in the event of misconduct, emergencies, or for any reason Kent State University representatives determine necessary.

***Note:*** Inappropriate conduct will be reported to local authorities, and will be reported to

 Kent State University Office of Student Conduct, where further action may result.

I have read the above terms of this Volunteer Policies and Expectations Agreement. I understand and voluntarily agree to the policies and expectations as stated. This Volunteer Policies and Expectations Agreement shall be binding between Kent State University and me.

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**