

SIUE Alumni Association – Volunteer Services Agreement
Release, Assumption of Risk, Waiver of Liability & Covenant Not to Sue

Volunteer Duties: SIUE Alumni Association Volunteer Day with Habitat for Humanity

I, _____, the undersigned hereby do agree to provide personal services outlined above on a voluntary basis for the benefit of the volunteer project SIUE Alumni Association Volunteer Day with Habitat for Humanity, hereinafter “Activity,” which is offered under the sponsorship of the Southern Illinois University Edwardsville Office of Alumni Affairs, hereinafter “Sponsor” on September 20, 2008. I agree to serve as a volunteer and not as an employee of SIUE or the Sponsor. I further understand that, as a volunteer, I shall not be eligible or entitled to receive any salary, wage or other compensation for services rendered and that my volunteer services may be terminated for any reason at any time without notice.

In consideration of the voluntary services to be performed hereunder, I understand that I will be provided general liability insurance coverage as an Insured-Volunteer under the SIUE Self-Insurance program, to the extent that any claim or suit for personal injury or property damage may be asserted against me involving my volunteer services. I understand and acknowledge that the Activity involves an inherent risk of and exposure to property damage and bodily or personal injury to myself or to others in the training, preparation for, and travel to and from the Activity; that the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, employees, students, and agents, hereinafter Releasees, do not warrant or guarantee in any respect the competency or mental or physical condition of any leader, instructor, volunteer, vehicle driver, or individual participants in any volunteer program or activity; that Releasees make no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose, and that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained by me through my participations in the Activity. I hereby assume any and all such risk. For the sole consideration of Releasees arranging for and allowing my participation in the Activity, and in connection therewith, making available for my use certain equipment, facilities, grounds or personnel of Releasees, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge Releasees from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, whether caused by the negligence or carelessness of the Releasees or otherwise, resulting from or in any way connected with my participation in the Activity. I understand and agree that Releasees do not have medical personnel available at the location of the Activity; that Releasees are granted permission to authorize emergency medical treatment for me; that such action by Releasees shall be subject to the terms of this Agreement; and that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I further represent that I am at least 18 years of age and voluntarily and knowingly enter into this waiver with full understanding of all risks involved and further agree that this waiver and release shall be binding upon my heirs, executors, administrators, assignors and next of kin; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

Signature of volunteer: _____ Signature of Witness: _____
(18 years or older)

Date: _____

First, Middle and Last Name: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Address: _____

Phone (Day): _____ Night: _____

Medical History: Allergies: _____

Medications: _____

Date of last tetanus shot: _____

Health Insurance: Company: _____

Policy Number: _____

Personal Physician: _____

Phone: _____

Participant is:

_____ Enrolled Student

_____ Employed Faculty/Staff

_____ Volunteer

Current Residence Address: _____

City _____ State: _____ Zip: _____

Accepted and approved on behalf of the Southern Illinois University Office of Alumni Affairs.

By: _____

Director, Alumni Affairs