

Department of Physics Volunteer Agreement and Release

Name of Volunteer: _____

Date of Volunteer Services: From _____ To _____
(Date) (Date)

TERMS OF AGREEMENT and RELEASE

I am willing to accept the following terms in order to participate in Purdue's volunteer program:

1. I acknowledge that Purdue is committed to maintaining an environment that recognizes the inherent worth and dignity of every person. Harassment at Purdue is unacceptable conduct and will not be tolerated. _____(Initials)
2. I understand and consent to Purdue conducting a Sex and Violent Offender Registry Check, and motor vehicle records check if applicable, per the University's policies and practices. _____ (Initials)
3. I acknowledge and agree that I will not be considered an employee of Purdue University for purposes of state and federal wage and hour laws, and that my voluntary participation is without promise, expectation or receipt of compensation.
4. I understand that Purdue does not provide me with accident or medical insurance and is not responsible for any accident or medical expense incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my voluntary affiliation.
5. I agree to abide by the University's policies and practices while volunteering my services to Purdue.
6. I understand to not disclose or discuss any confidential information obtained from the University, either during or after my volunteer work with Purdue.
7. I understand that Purdue shall have the right to release or discipline me as a volunteer at its sole discretion and without prior notice. I understand the terms and conditions of this agreement are valid for the duration of my volunteer status as so determined by Purdue. This agreement may be modified by Purdue as it deems necessary and, if so modified, I will be provided with notice of such modifications.
8. I, on behalf of myself, my heirs and my representatives, do hereby release, waive, indemnify and hold harmless The Trustees of Purdue University, The Board of Trustees of The Trustees of Purdue University, Purdue University, and its past and present officers, and its trustees, agents, attorneys, affiliates, related foundations, principals, insurers, subsidiaries, predecessors, successors and assigns of the University ("Released Parties") from any and all liability, damage or claim of any nature for the Released Parties' negligence that arises out of or is related to my volunteer activities.
9. I acknowledge and accept that any activity I engage in has inherent risks that may result in bodily injury, property damage or death. I accept and assume the risk of such injuries and damages.
10. The risks described above also include injury or property damage resulting from transportation to or from the volunteer activity.
11. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing the agreement I attest to the fact that I am eighteen years of age or older and am able to perform the above-described volunteer services with or without reasonable accommodation (OR) (**Applicants age 14 to 17**) I am under the age of eighteen years of age, my parent or legal guardian has reviewed this agreement, is aware of the terms and conditions of this agreement and is signing this agreement providing consent so that I may provide volunteer services to Purdue. My parent or legal guardian has reviewed the above-described volunteer services and is attesting that I am able to perform these services with or without reasonable accommodation.

Please affirm your acceptance of the terms of this agreement stated above with your signature below, and please accept our sincere thanks for your valuable contributions to Purdue.

Volunteer Signature

Print Volunteer Name and Date

Department (Witness) Signature

Print Department (Witness) Name and Date

Parent/Legal Guardian Signature (*If Applicable*)

Print Parent/Legal Guardian Name and Date