

**MIAMI UNIVERSITY
OFFICE OF COMMUNITY ENGAGEMENT AND SERVICE
VOLUNTEER SERVICE AGREEMENT AND RELEASE**

We are glad you have decided to volunteer your services with Miami University through the Office of Community Engagement and Service!

Please affirm your acceptance of the terms of the agreement (as stated below) by signing the document. Please accept our sincere thanks for your valuable contribution to Miami University and its surrounding communities.

I, _____ (First name, middle initial, last name) in consideration of being allowed to participate in the volunteer services of Miami University do hereby agree that:

1. I understand and agree that my volunteer services will be from _____ (month/day/year) to _____ (month/day/year)
2. I understand that I will be volunteering for Miami University and therefore agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that Miami University may terminate my volunteer service at any time.
3. I understand and agree that my volunteer service is in no way an offer of or employment by Miami University and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service
4. I understand that during my volunteer services, I may have access to, or may observe, certain information that is confidential to the organization that I am assisting. I will respect the confidentiality of any such information, and I will not divulge any such information except as directed by the organization that I am assisting.
5. On behalf of myself and my heirs and assigns, I knowingly and voluntarily assume all risks associated with my volunteer service and forever release the University, its trustees, officers, employees, agents, and students from any and all responsibility or liability for personal injury, death or property damage sustained by me during or because of my participation with the volunteer service, except to the extent that such injury, death or property damage is caused by the gross negligence or willful misconduct of the University, its trustees, officers, employees, agents, or students. I UNDERSTAND AND AGREE THAT BY SIGNING THIS FORM, I WAIVE AND FOREVER RELINQUISH ANY AND ALL CLAIMS THAT I MAY HAVE IN THE FUTURE, WHETHER KNOWN OR UNKNOWN, AND WHETHER ANTICIPATED OR UNANTICIPATED, ARISING OUT OF MY VOLUNTEER SERVICES.
6. I understand that as a university volunteer for Miami University, the university does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred to me. Further, I understand that I am not entitled to employee benefits as a result of my Miami University volunteer affiliation.

7. By signing this form, I am representing to the University that I am physically and psychologically healthy enough to participate in the volunteer services and do not have any health condition which would impair my ability to safely participate.

Print name

Volunteer Signature Date