

Section A To be Completed by Volunteer

Volunteer Name _____ Contact Phone _____

Volunteer Address _____ Date of Birth _____

Email Address _____ Volunteer Program _____

In Case of Emergency Contact _____
Name Relationship to Volunteer

Day Phone _____ **Evening Phone** _____

Are you over the age of 18? Yes No Are you in the United States on a visa? Yes No

UC Student Status: Graduate Undergraduate Not Applicable

Volunteer Signature: _____ **Date:** _____

If Volunteer is under 18 years of age, his/her parent/guardian must sign in the space below.

Parent/Guardian statement: As the parent/guardian I grant permission for the above minor to volunteer.

Parent/Guardian Signature: _____ **Date:** _____

Section B To be Completed by Supervisor

UC ANR Location (UCCE office, REC, etc.): _____

Duration of Volunteer Activity: Begin Date _____ End Date: _____

Number of Hours per Week: _____ Location of Volunteer Activity: _____

Criminal History Check required: Yes No (If working with youth, fingerprinting is mandatory)

Description of Volunteer Duties:

Required Training:

Protective Equipment:

Supervisor Name: _____ **Email:** _____

Supervisor Signature: _____ **Date:** _____

The Volunteer Information form is attached and made a part of this Waiver

I acknowledge that I am voluntarily donating my services to the University of California Agriculture & Natural Resources (UC ANR) _____ (Program Name). I understand and agree that I am a volunteer and that I am not an employee of UC ANR. I further understand and agree that I have no expectation of any compensation, pay, fee, or benefits for my services. I acknowledge and agree that my volunteer services do not constitute a guarantee or promise of future employment and do not entitle me to greater consideration for any future employment opportunities. I further acknowledge and agree that my volunteer service, and any rights and privileges associated therewith may be terminated at any time by the University without cause or notice.

I understand that as a university volunteer, UC ANR does not provide me Workers' Compensation coverage nor am I entitled to employee benefits or unemployment benefits as a result of my university volunteer affiliation.

Waiver: UC ANR agrees to provide me with third party liability insurance to protect me from any claims filed against me arising out of the duties described in the attached description of volunteer duties ("Duties"). In return for my volunteer activity, including any associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of University premises and facilities.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of my involvement in The Activity, and to reimburse it for any such expenses incurred.

Severability: I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Volunteer Name (print)

Volunteer Signature

Date

(If the volunteer is a minor) I, the parent/legal guardian of the Volunteer, hereby agree to the above on behalf of the Volunteer.

Parent/Guardian Name (print)

Signature

Date