



KEAN

VOLUNTEER ACTIVITY REGISTRATION FORM



1 Event Name: _____ **Date:** _____

Host Organization/Department: _____

2 Volunteer Information:

First Name: _____ **Last Name:** _____ **KUID:** _____

Email: _____ **Phone Number:** _____

3 Demographic Information (for statistical purposes only)

Class Year: Freshman Sophomore Junior Senior Graduate **Residency:** Commuter Resident **Currently Enrolled in GE1000?:** Yes No

4 Volunteer Release and Indemnification Agreement

In the event that I incur any physical or emotional injury or illness, or loss or damages to personal property of any kind during my participation in the activity described above, I hereby expressly and voluntarily agree to hold harmless from any claims related to or arising of this Kean University, its officers, employees or students.

I am aware of the risk associated with participation in the activity. My participation is voluntary, and it is my obligation to inspect the facilities and equipment before use to make sure that it is safe and fit for its intended purpose. I have verified with my medical professional that I am fit to participate in the activity.

Also, I agree that if any other person should assert such a claim arising from my connection with this activity, that I will substitute myself in place of Kean University as the party against whom the

claim is to be pursued. I further agree that I will pay all damages and costs resulting from such a claim, and that I will indemnify or reimburse Kean University in connection with that claim.

This Release shall be binding on my heirs, executors, administrators and assign.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the described activity. I understand and agree that it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I hereby certify that I am eighteen years of age or older.

Initial Here → Enter your initials here [_____] to confirm that you agree with the Release and Indemnification Agreement.

5 Are you utilizing Kean University transportation as a part of the project?

Not Applicable: Go to Section 6 Yes: Go to Section 6 No: **Complete Transportation Waiver Below**

Transportation Waiver: I understand that the activity in which I will participate is voluntary and does not include transportation to or from the activity. I will assume all responsibility for getting to and from the above named activity.

Initial Here → Enter your initials here [_____] to agree to the transportation waiver.

6 Emergency Contact Information

In the event of an emergency, please write the name and contact information for the person that you would like us to contact for you.

Emergency Contact's Name Relationship to Volunteer

Emergency Contact Phone Number Emergency Contact's Address (Include street, city and state)

7 Volunteer Certification

I affirm that the information I have provided on this form is complete and accurate and is of my own free will.

SIGN → _____
Volunteer's Signature Date