

**FSU Laboratory Volunteer Profile, Disclosure, Consent, Assumption of Risk, Release and Waiver of Liability, and Covenant not to Sue Form (“Form”)
(Department to keep on file)**

Volunteer Name: (please print): _____ (“Volunteer”)
Over Age 18: Yes ___ No ___

Address: _____ City: _____ State: ___ Zip Code: _____

Telephone (include area code): _____ Cell Phone: _____ Email: _____

Emergency Information:

Contact Name: _____ Telephone (include area code): _____

Email (if known): _____ Relationship to Volunteer: _____

Thank you for volunteering your time and talent to Ferris State University (“University”) in support of its important mission of educating and shaping the lives of our students.

A University volunteer is an individual who performs work or provides services in support of University activities without the expectation of compensation. Volunteers may perform a variety of services, however the University does not intend for volunteers to perform or displace work that is presently being performed by University employees.

Volunteers acting on behalf of the University are expected to adhere to University policies, including, but not limited to, those policies concerning laboratory safety, alcohol and drug use, vehicle use, personal conduct, fiscal propriety, sexual harassment, diversity, and non-discrimination. The University may, as a result of inappropriate conduct or other valid reasons, remove volunteers from a University laboratory.

Volunteers are not considered employees and are not covered by workers' compensation disability benefits. Therefore volunteers are personally responsible for the expense of any medical care received for injuries incurred because of volunteer service to the University. Volunteers are not eligible for unemployment benefits.

The University may require you to complete and pass a criminal background check before your volunteer assignment begins.

Disclosure of Associated Risks

The University endeavors to provide a safe working environment for volunteers, adhering to the same standards it has for its employees. Therefore, there are dangers and risks to which you may be exposed as a volunteer in a University laboratory. These dangers and risks may include, but are not limited to, the possibility of slight or severe bodily injury, or death, hazardous substances (chemicals/biologicals, etc.), physical hazards (very hot or cold temperatures, laser light, electromagnetic frequencies), and: _____

_____ (“dangers and risks”).

I, the undersigned, am aware of the dangers and risks directly or inherently involved in volunteering in a University laboratory. I voluntarily agree to assume all responsibility and risk of injury to myself or my property arising from, but not limited to, my volunteering in a University laboratory and related activities including all dangers and risks of accidents, illness, bodily injury, and property damage.

I, individually and on behalf of my heirs, successors, assigns, and personal representatives, hereby covenant not to sue and release and waive the University, its trustees, employees, agents, officers, and representatives (“Releasees”) from any and all liability, claims, and actions I may have for damages, losses or injuries I may sustain to my person or property arising out of my volunteering in a University laboratory, except if damage, loss, or injury is directly caused by the gross negligence or willful wanton misconduct of the Releasees.

I HAVE CAREFULLY READ THIS ENTIRE FORM. I FULLY UNDERSTAND THE FORM AND ITS PROVISIONS, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. I INTEND FOR THIS FORM TO BE VALID AND BINDING.

Signature of Volunteer

Date

Name (Please Print)

If the above signed is not of legal age (18) at the date of signing, this form must be signed by the Volunteer’s parent or legal guardian.

As the parent or legal guardian of the Volunteer whose signature appears above, I have read and understand the conditions outlined above, have given my child or ward permission to become a volunteer, and agree to be bound by the conditions outlined above as if I myself had signed above.

Signature of Parent/Legal Guardian

Date

Name (Please Print)

****NOTE TO DEPARTMENTS****

Signed originals should be retained by the Department for a period of one-year post completion of the volunteer assignment.