



**NOVA SOUTHEASTERN UNIVERSITY
VOLUNTEER SERVICE AGREEMENT / RELEASE & PARENTAL CONSENT
FORM**

Welcome to Nova Southeastern University. We appreciate your volunteering to assist us in this exciting venture. Please complete the information indicated below.

Name: _____

Address: _____

Daytime Telephone#: (____) _____ Evening Telephone#: (____) _____

Area of Specialization: _____

Department: _____

I acknowledge that my experience at Nova Southeastern University should not be construed as an offer of employment or a period of employment with the University, but rather a volunteer experience, and that at no time shall I be considered an agent, servant, or employee of the University. I understand that I shall not receive, or be entitled to receive, any compensation, reimbursement, remuneration or other benefits for my participation as a volunteer. I understand that the University does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. I understand and agree that the University may terminate my volunteer service at any time, with or without cause.

I agree to act appropriately and in a professional and courteous manner during my volunteer service. I understand that during my volunteer service I may have access to, or observe, information that is proprietary to the University, and I hereby agree not to disclose, discuss, or reveal any such information to parties outside the University and to keep any University records or files confidential.

I agree to indemnify Nova Southeastern University, including its affiliates, representatives, Trustees, agents, officers, directors, faculty and employees, and hold same harmless from all liability, losses damages, obligations, judgements, causes of action and expenses associated therewith which are resulting from, either directly or indirectly, any negligence or intentional acts or omissions by myself.

I further agree to assume any and all risks associated with my volunteer experience at the University, and release and discharge the University from any and all claims, actions, causes of action, demands, rights, liabilities, and damages that I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of my participation as a volunteer at the University, including, but not limited to, any bodily injury, personal injury, illness, death, or property damage, whether caused by negligence, action, or inaction of Nova Southeastern University or persons acting on its behalf or otherwise.

I have read and understood this Volunteer Statement & Release and I do voluntarily sign this document of my own accord and as a condition of being allowed to participate as a volunteer with Nova Southeastern University.

SIGNATURE

DATE

NAME OF SUPERVISOR

Extension

**VOLUNTEER SERVICE AGREEMENT & RELEASE
PARENTAL CONSENT**

Volunteers under the age of 18 are required to have the consent of the volunteer's parent(s) or legal guardian prior to volunteering at Nova Southeastern University. By signing this Volunteer Statement & Release, the volunteer's parent or legal guardian agrees that he or she has read, understood and agrees and consents to the terms contained in this Volunteer Statement & Release.

SIGNATURE OF PARENT OR LEGAL GUARDIAN
FOR VOLUNTEERS UNDER THE AGE OF 18

DATE