



**Life University**  
**Volunteer Service Agreement/Release & Parental Consent Form**

Welcome to Life University. We appreciate your willingness to volunteer with us. Please complete the information indicated below.

Name:

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Address:

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Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Evening Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

I acknowledge that my experience at Life University should not be considered 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, compensation, reimbursement and other benefits for my participation as a volunteer. I understand that Life 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 Life 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 Life University, including its affiliates, representatives, Trustees, agents, officers, directors, faculty and employees 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. These include, but are not limited to, any bodily injury, personal injury, illness, death or property damage, whether caused by negligence, action or inaction of Life 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 Life 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 Life 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 of Legal Guardian for  
Volunteers Under the Age of 18

\_\_\_\_\_  
Date