



# ESSEX COUNTY COLLEGE VOLUNTEER AGREEMENT AND WAIVER FORM

ALL VOLUNTEERS ARE REQUIRED TO READ AND SIGN THIS DOCUMENT

**WAIVER RELEASE AND INDEMNIFICATION** For and in consideration of the opportunity to serve as a volunteer for **ESSEX COUNTY COLLEGE (the COLLEGE)**; the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of actions for personal injury, property damage or wrongful death occurring to him/her arising as a result of the activities or services which the undersigned may engage in and/or perform through the volunteer opportunities offered by **the COLLEGE**, or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities or services may continue, and from time to time , and the undersigned does for himself or herself , his or her heirs, agents, executors, administrators and assigns hereby release, waive, discharge and relinquish any actions or causes of actions , aforesaid, which may hereafter arise, and agrees that under no circumstances will the undersigned or his or her heirs, agents, executors, or administrators present any claim for personal injury , property damage or wrongful death against **the COLLEGE**, or any of their officers, agents, servants, or employees for any said persons, or otherwise.

**IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE the COLLEGE**, its officers, trustees, employees, and agents, **FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH**, which arises as a result of any negligent act or omission on the part of the undersigned.

**THE UNDERSIGNED**, for herself or himself, heirs, agents, executors, or administrators agrees that In the event that any claim for personal injury, property damage or wrongful death shall be prosecuted against **the COLLEGE**, its officers, trustees, employees, and agents, the undersigned shall indemnify and save harmless the same from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death which arises as the result of any negligent act or omission on the part of the undersigned.

**CONFIDENTIALITY STATEMENT** During service as a volunteer the undersigned may learn things about **the COLLEGE**, or names of, **the COLLEGE's** students, employees, vendors, contractors, visitors or the like that is confidential. The privacy of such individuals must be protected at all times. No confidential information about any officer, trustee, student, employee, vendor, contractor or visitor utilizing or performing any service or program offered by **the COLLEGE** shall be shared with others either during or after the time of volunteer service. Violation of this confidentiality statement can result in immediate termination of your service and could result in the initiation of legal action.

**OTHER DECLARATIONS** I agree and consent to the use of my voice, image/or name by **the COLLEGE** for any broadcasting, print or audiovisual purposes in connection to my volunteer services or other activities, without limitation as to place, time or medium. I grant permission to **the COLLEGE** to make editorial changes desirable for the production purposes. This I do without claim to remuneration or charges either immediate of future.

**THE UNDERSIGNED ACKNOWLEDGES** that I have read and understand the foregoing, and hereby agrees to the declarations, and terms and conditions of this instrument.

\_\_\_\_\_  
**Volunteer Name (Please Print)**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department/Area Witness Name (Please Print)**

\_\_\_\_\_  
**Department/Area Witness Signature**

\_\_\_\_\_  
**Date**