

ROWAN UNIVERSITY
VOLUNTEER REGISTRATION AND
LIABILITY WAIVER AND RELEASE

Rowan University recognizes the importance of volunteerism to American society, and it is our intention to foster the tradition of volunteerism through greater involvement on campus. Volunteers, including student volunteers, provide a valuable service to the University without compensation or other remuneration, and we thank them for their service to the University.

Section 1: Voluntary Register (To be completed by department)

Name of Volunteer: _____ Department: _____

Address: _____ Dates of Service: _____

Phone #: _____

Emergency Contact _____

Services Provided: _____

Section 2: Liability Waiver/Release (To be completed by volunteer)

I will be volunteering my services at Rowan University. I know that I am not an employee of Rowan and will not receive any compensation or benefits for my services. I understand that in any volunteer activity there is risk of injury, illness, damage and loss. In consideration of the opportunity to volunteer, I hereby release and forever discharge Rowan University, its trustees, officers, and employees, from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorney's fees and court costs, arising of my performance of services. It is understood that I am not covered by the N.J. Workers Compensation Act.

This Release shall continue in effect indefinitely unless terminated or modified with the written consent of Rowan University.

Volunteer Signature