



Volunteer Registration Form

To provide service on
April 27, 2013

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| Volunteer Group Name: <small>If not part of a group, write "Individual" WVSU will assign you to a group</small> |
| Team Leader: <small>If you do not have a team leader, one will be assigned to you</small> |
| Your Name: |
| Contact Phone: |
| Contact E-mail: |
| Local/Campus Address: |
| T-Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL |
| Do you need transportation to your assigned worksite? |
| Can you provide transportation to a worksite? |
| Do you require any special food accommodations? Please list them here. |
| Do you have any condition that would prevent you from participating in certain projects? Please list them here. |

****Please complete and sign the waiver on the reverse side.****

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| <p align="center">Please return your completed form by April 12, 2013</p> <p align="center">Enrollment Management & Student Affairs 130 Ferrell Hall or Student Activities 103 University Union</p> <p align="center">For more information, please contact: Joe Oden odenjr@wvstateu.edu 304.766.3140</p> |
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WVSU Community Service Day Assumption of Risks and Liability Release Agreement

WVSU Community Service Day (hereafter "Program") is WVSU's largest one-day campus volunteer effort. The terms of this Assumption of Risks and Liability Release Agreement (hereafter "Agreement") are required as a condition of participation in the Program, and shall be construed in accordance with and governed by the applicable laws of the State of West Virginia.

As a Volunteer Participant, I expect to take part in any number of activities for the Program which may create foreseeable or inherent risks of injury to my person and/or personal property, including but not limited to: (1) traveling to and from job sites in and around the Kanawha/Putnam County area; (2) using hand tools (use of power tools is strictly prohibited), basic chemicals/materials (e.g., paints, cleaning supplies, etc.), and/or small equipment; (3) performing basic gardening tasks, such as pulling weeds, trimming shrubbery, clearing debris, and tilling; and (4) performing basic clean-up activities, such as shoveling, sweeping, scrubbing, raking, painting, etc. I hereby agree to assume any and all risks that may cause me personal property damage or loss, and/or personal illness or bodily injury that may arise during and/or as a result of my participation in the activities of this Program.

I agree to not take part in any Program activity that would present a danger to me due to my health or physical condition, regardless of whether I have disclosed such condition to any staff, employee or agent of WVSU or WVSU Community Service Day. I agree that if I do undertake any such activities, I do so at my own risk. I understand and agree that I must arrange my own personal medical care insurance to cover potential risks associated with my participation in the Program. I understand and accept that WVSU does not provide commercial medical expense coverage except through the terms and conditions of the student health insurance program.

In the absence of gross negligence, and in consideration of WVSU accepting me into WVSU Community Service Day, I and my heirs, executors, administrators, agents, representatives, insurers and attorneys, to the fullest extent allowed by law hereby release and discharge the State of West Virginia, West Virginia State University, its Board of Governors, any WVSU department or administrative unit and their respective officers, employees and agents from any and all claims and causes of action that may arise during and/or as a result of my participation in the Program.

I understand and agree that Program staff may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

I understand and agree that, if any provision of this Agreement is held invalid, that invalidity does not impact the other provisions which remain in full effect. To this end, the terms and conditions of this Agreement are declared severable. Terms accepted by or on behalf of:

Signature

Date

Signature of Parent or Guardian, if Volunteer Participant
is under the age of 18, or not capable of consenting.

Date

Typing your name(s) in the field(s) above and submitting this document by the button below serves as your legal signature(s) acknowledging the Assumption of Risks and Liability Release Agreement above.

Submit by Email