

**LONG ISLAND UNIVERSITY
VOLUNTEER WAIVER AND RELEASE FROM LIABILITY**

THIS FORM MUST BE SIGNED BY THE **VOLUNTEER** AND PARENT/ GUARDIAN IF THE VOLUNTEER IS UNDER 21, AND MUST BE NOTARIZED

I, _____, a prospective volunteer in the _____
(Activity/Program)

voluntarily, without reservation and realizing the full significance of my action, do waive, renounce and release, on behalf of myself, my heirs and estate, all claims of whatever nature against Long Island University, its trustees, officers, agents and employees (collectively, "University"), including but not limited to claims of any injury, loss, damage, accident arising in connection with the Activity/Program.

I assume all risks associated with my participation in the Activity/ Program, including without limitation, the risk of any negligence, recklessness or failure to act, on the part of myself or others. I accept personal responsibility for any injury, illness, damage, loss, claim, liability or expense that I or my property may suffer, and agree to release the University from any liability arising from any such risks.

I am in good health, have no physical conditions that affect my ability to participate in any of the activities involved in this Activity/Program and have not been advised otherwise by a medical practitioner. In addition, I certify that I have health, medical and accident insurance which provide coverage for sickness and accident expenses, and agree that the University shall in no way be responsible for any such costs or medical care.

I agree that at all times I will follow the directions of the University personnel in all matters connected with the Activity/Program. The University reserves the right to suspend or terminate my participation if it deems that my acts, words or conduct are detrimental to or incompatible with the interests, purpose or welfare of the Activity/Program or the University.

I am aware that this Waiver is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

I have read this document and I understand its content. I understand that by signing below, I will give up substantial rights. I have voluntarily signed this release.

(Signature of Participant)

(Print Name of Participant)

(Date)

PARENT/GUARDIAN SIGNATURE FOR PERSONS UNDER 21 YEARS OLD

As the parent/guardian of the above-named Participant, I agree to the terms and conditions contained in this Waiver & Release Form, and assume responsibility for the actions or inactions of the Participant.

(Signature of Parent/Guardian)

(Print Name of Parent/Guardian)

(Date)

(Notary Public)

(Date)

(Seal)