

Drew University
Department of Economics

The Drew Volunteer Dollar Program: The Currency of Civic Engagement
Release of Liability

As a participant in the *Drew Volunteer Dollar* Program, I realize injuries can be a consequence of participation in volunteer service activities. I appreciate the character of the risk involved and I voluntarily assume all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact me, and I choose to accept this risk and participate in the designated activity. Further, I agree to comply with the directions of the group leaders for this event.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Drew University, the Economics Department, the Drew University Volunteer Resource Center, and their employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to me as a result of my participation in this service activity.

TRANSPORTATION: I understand that I am responsible for performing community service via my own transportation. I will not hold the aforementioned groups responsible for providing me transportation from/to Drew University or reimbursement for any expenses incurred.

INSURANCE: I attest that, as a community service participant, I carry personal health insurance.

Student Name _____ ID # _____

Local Address _____ Phone # _____

I attest that I am eighteen years of age or older and that I have read, fully understand, and accept these conditions as indicated by my signature below.

Signature _____ Date _____

Participants under the age of eighteen must have their parent or legal guardian sign this form on their behalf.

As parent/legal guardian of _____, I attest that I have read, fully understand, and accept these conditions on his/her behalf as indicated by my signature below.

Guardian's Name _____

Signature of Guardian _____ Date _____

Drew University, 36 Madison Avenue, Madison, NJ 07940