



Honey W. Nashman Center for Civic Engagement and Public Service

Volunteer Waiver & Release Agreement

I understand that I must sign this Waiver & Release Agreement (the “Release”) before I may attend and or participate in any volunteer activities sponsored by The George Washington University (the “University”).

HAZARDS: I am aware that some activities I may participate in may involve risks of bodily injury, property damage, and other associated dangers. I understand that I undertake risks, hazards, and dangers inherent when participating in such activities. I understand that it is my sole responsibility to participate in only those activities for which I have the prerequisite skills, qualifications, preparations, and training.

In consideration of the University allowing me to participate in these activities, I hereby assume all risks involved in such activities and voluntarily release, discharge, waive and relinquish any and all actions or causes of action **INCLUDING BUT NOT LIMITED TO NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE**, for personal injury, property damage or wrongful death occurring to myself arising as a result of participating in such activity or activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue, **I do hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against The University, its trustees, officers, employees and agents for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.** This release and waiver shall be binding on myself, my heirs, executors and administrators and assigns.

I hereby agree that this Release shall be construed in accordance with the laws of the District of Columbia, and that if any portion is deemed to be invalid, the remainder of the Agreement will still be binding.

I hereby agree to abide by all of the University’s rules and regulations. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems which would preclude or restrict my use of the University’s facilities. I understand that I am required to have health insurance, and hereby certify that I have such coverage.

Additionally, by signing below, I grant permission for the University to use my name; any photos, film, or videos of me or my her likeness; and/or any other identifying information about me, and to use the same or portions thereof, including making and using derivative works thereof in any medium, including without limitation, videos, online broadcasts and brochures, for any University purpose that is a legitimate account of my volunteer experience.

In signing this Release, I hereby acknowledge and represent that I have read the foregoing Release, understand it, and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written Release, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same.

SIGNATURE OF STUDENT

Date

PRINTED NAME OF STUDENT