



Thank you for choosing to volunteer with the Wayne State University Alumni Association. We're looking forward to working with you! Before you begin, please take a moment to read the following form carefully. By signing this release, you will be helping us stay focused on our goal to create a safe, enjoyable working environment for everyone.

### **Release & Waiver of Liability**

***Please read carefully and sign below:***

I hereby release Wayne State University, and any of their affiliates or associations, including all of their agents, employees, directors, officers and workers from any claims, demands, suits, or causes of action against them which I and my heirs or personal representatives have or may have in the future in regard to any accidents, injuries, or damages to me or my property arising from any volunteer work performed with Wayne State University. I understand that I am a volunteer and am not required to participate as a volunteer for Wayne State University in any way, and as such I assume all risk of injury, harm, illness, death, or property damage associated with my volunteer activities. I waive all rights to claims, demands, suits, or causes of action for injuries or damages sustained in relation to my volunteer activities with Wayne State University.

I agree to carefully follow all safety guidelines and procedures, as given and requested by Wayne State University staff. In case of injury, I agree to immediately notify the Wayne State University staff member supervising my work.

I do hereby grant and convey to Wayne State University all right, title and interest in any and all photographic images and video or audio recordings of me made by Wayne State University during my volunteer activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further state that I have carefully read the foregoing release, know its contents and sign as my own free act.

**PLEASE PRINT LEGIBLY AND INCLUDE SIGNATURE**

**PRINT NAME**

\_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**I am a member of the following group** \_\_\_\_\_

**Emergency Contact & Phone Number**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

For any questions please contact our Volunteer Coordinator, Kim Easley  
Ph: 313-577- 5164 E-mail: [kim.easley@wayne.edu](mailto:kim.easley@wayne.edu)