

FOR OFFICE USE ONLY
_____ (Event name)
_____ (Event date)

## 2017 STUDENT VOLUNTEER Hold Harmless Agreement/Waiver of Liability

I hereby acknowledge and record my independent and voluntary decision to participate in the activities of The Arboretum.

I hereby release and hold harmless the University of Kentucky, its directors, trustees, agents, officers, employees and assigns for any personal injuries I may sustain as a result of my participation in activities of The Arboretum. This includes both on- and off-campus activities, trips, practices, etc.

I understand that my participation in this program may entail certain anticipated and unanticipated risks regarding personal injury and hereby agree to assume all risk of injury and loss that may arise as a result of participating in any activity. I further agree to hold the University of Kentucky, Office of Student Involvement, The Arboretum, and/or its agents, harmless for any injury or loss that arises as a direct or indirect result of any act or omission of any third party.

I also agree to follow all University of Kentucky policies and procedures and any applicable laws of the state in which activities take place.

**I hereby acknowledge that I am at least 18 years of age at the time of signing this Agreement:**

\_\_\_\_\_  
*Student's Name (please print)                      Signature                      Date*

*Local Address and Phone* \_\_\_\_\_

**Emergency Contact Information:**

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Address and Phone* \_\_\_\_\_

**I am under 18 years of age. My parent or legal guardian has signed below and will accompany me while I volunteer.**

*As parent/legal guardian of \_\_\_\_\_, I hereby sign this Hold Harmless Agreement on behalf of my son/daughter/ward (select one).*

\_\_\_\_\_  
*Parent/Legal Guardian (please print)                      Signature                      Date*

*Address and Phone* \_\_\_\_\_

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## VOLUNTEER INFORMATION AND EMERGENCY CONTACT FORM

The information requested below is required. *Please print legibly.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

**In order for Arboretum staff to communicate with Arboretum volunteers, we request your email address.**

We will not sell this information or distribute it to others. We send a monthly e-blast to all volunteers and Friends of The Arboretum regarding upcoming opportunities to volunteer and news about The Arboretum.

E-mail address: \_\_\_\_\_

**We request that you list a contact in case of emergency.**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_