

**Volunteer Acknowledgement and Agreement
Washington and Lee University**

| | |
|---------------------------------------|----------------------|
| Name: _____ | Day Phone: _____ |
| Address: _____ | Evening Phone: _____ |
| City, State, Zip: _____ | E-mail: _____ |
| Department: _____ | Start date: _____ |
| Supervisor: _____ | |
| In case of emergency, please contact: | |
| Name: _____ | Relationship: _____ |
| Phone: Day _____ | Evening _____ |

Washington and Lee University (“the University”) appreciates your volunteer service to the department you’ve listed above. **Please indicate your acceptance of the terms of this volunteer agreement with your signature:**

- (1) I acknowledge that I am not an employee of the University.
- (2) I do not expect, and I understand that I will not receive, any present or future compensation or benefits available to employees of the University.
- (3) I agree to become familiar and comply with the University’s conduct policies, which have been provided to me by the Office of Human Resources.
- (4) I give the University permission to use any photograph, video and/or audio recording of me made by the University during the course of my volunteer service, including but not limited to benefits gained from such photographs and recordings.
- (5) I understand and agree that I fully and voluntarily assume the risks of any injury, illness, damage, or loss that may result during the course of my volunteer service at the University.
- (6) In exchange for the University’s agreement to extend its third-party liability insurance coverage to me, if approved by its insurer, **at W&L’s discretion consistent with its bylaws and Virginia law**, for any claims filed against me relating to the good-faith performance of my volunteer duties, I hereby release the University, its board of trustees, officers, employees, and agents from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorney’s fees and court costs, resulting from my volunteer services to the University.

This Volunteer Acknowledgement and Agreement shall continue in effect during all periods of my volunteer service with the University, unless terminated or modified with the written approval of the University.

Volunteer Signature: _____ Date: _____

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|-----------------------------------------|---------------------|
| <i>For Youth Under 18 Years of Age:</i> | |
| Parent/Guardian Name: _____ | Relationship: _____ |
| Parent/Guardian Signature: _____ | Date: _____ |