

Consent Form and Release of Liability

The University of Akron

Make a Difference Day 2013

(FULL NAME)

I am a student, staff, or faculty member at The University of Akron desiring to participate in Make a Difference Day as a volunteer in Akron, Ohio on October 26, 2013.

I have been fully informed about Make a Difference Day and the volunteer experience. I understand that I am volunteering for this experience and will receive more information about volunteer expectations during the event welcome and will also receive an orientation at the worksite that I have been assigned to

I have been informed about the dangers, hazards and risks of such activities, including potential exposure to diseases and mold, and potential physical injury, as well as other risks. I certify that I child am physically and emotionally able to perform the volunteer duties associated with this program and that there are no health-related reasons or problems which preclude or restrict my participation in this activity.

Further, I understand and agree that I will be financially responsible for any and all medical costs that may be attendant as a result of injury to or illness arising out of my participation in this activity.

I fully agree to assume all the risks and responsibilities involved in my participation in this volunteer activity, and I release, waive, and forever discharge The University of Akron, its Board or Trustees, officers, employees, volunteers, and specifically the faculty and staff involved with this program, as well as the state of Ohio, from any and all liability whatsoever involved in my participation in this activity. I acknowledge that The University of Akron will not be legally responsible for my well-being or any health problems that may occur during this volunteer experience impacting me. I further understand that I and/or my minor child are subject to being dismissed from this activity for displaying unacceptable behavior, at the discretion of those supervising the activity.

In signing this Consent and Release, I acknowledge that I have fully informed myself of the content, and I am signing this document voluntarily. I certify that I am over the age of eighteen and have executed this agreement of my own free will.

Signature of Participant

Date

Printed Name of Participant

Student ID Number

Witness Name (SL Staff)

Date (SL Staff)

2013 Release of Liability

Photo/Video Release Form
The University of Akron
Make a Difference Day 2013

I authorize The University of Akron to record my/my child's name, voice, likeness and biographic information on videotapes, audiotapes, photographs, CDs, DVDs, video clips and/or web-based materials (media) at The University of Akron's discretion. In addition, I give The University of Akron permission to view, use, and edit such media. I waive all rights to inspect and/or approve the media and any copy that The University of Akron may use in conjunction with the media and the uses to which they may be applied.

I understand that The University of Akron may use the media, in whole, in part, or in composite for educational, research, or promotional purposes, or for any other uses The University of Akron deems fit.

I understand that The University of Akron owns all rights to the aforementioned media. I waive all rights in the media and release The University of Akron from any loss, damage, and/or liability arising out of my appearance on such media.

Signature of Participant

Date

Printed Name of Participant

Student ID Number

Witness Name (SL Staff)

Date (SL Staff)