

## Liability Waiver

### **Volunteer Release and Acknowledgement of Risk**

Adopt A Spot

Date:

Auburn University Campus

Name of Adopting Group or Individual (please print):

Address:

City: Zip:

Work/Day Phone:

FAX:

Home/Night Phone:

Cell:

Email:

Adopt A Spot Location

This document must be signed by all volunteers. If the volunteer is under the age of 18, this document must be signed by his or her legal guardian.

*Volunteer Activity:* I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of Auburn University. I understand that no organization is providing insurance coverage for me.

*Release from Liability:* In consideration for being allowed to participate in the **Adopt A Spot Program** as a volunteer, I, binding my heirs, executors, administrators, and assigns, hereby fully and forever release, waive, discharge, acquit and exonerate Auburn University in which I am participating, from any and all claims, actions, causes of action, remedies and complaints of any kind, except for claims for gross negligence or willful misconduct, which I have or may have, whether known or unknown, arising out of or relating to Auburn University or my volunteer work for this event, including specifically all claims for personal injury, paralysis, wrongful death, property damage and any other injury I may sustain. It is further understood that Auburn University will not defend, hold harmless, or indemnify the applicant for any claims of loss, injury, death, or damage arising out of or related to this Adopt-a-Spot agreement and program.

*Assumption of Risk:* I assume all risks of participating in the **Adopt A Spot Program** and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering.

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Signature

Organizer: