

Volunteer Release and Waiver of Liability Form
Cultural Navigation Program

This Release and Waiver of Liability (the “release”) executed on _____(date) by _____ (“Volunteer”) releases Stockton University, a nonprofit institution organized and existing under the laws of the State of New Jersey, and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Stockton University, specifically the Cultural Navigation Program, and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with the Cultural Navigation Program through Stockton University is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Stockton University will not provide any benefits traditionally associated with employment to Volunteer; that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Stockton University; and that Volunteer is responsible for ensuring his/her own homeowners and auto insurance policies cover guests and visitors in the event of injury to the international student.

1. Waiver and Release: In consideration of the opportunity to participate in the Cultural Navigation Program as a volunteer, I, the Volunteer, release and forever discharge and hold harmless Stockton University and its directors, officers, employees, agents, successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Stockton University. I understand and acknowledge that this Release discharges Stockton University from any liability or claim that I may have against Stockton University with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Stockton University or occurring while I am providing volunteer services.

2. Insurance: Further I understand that Stockton University does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, auto, home owners, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Stockton University.

3. Medical Treatment: I hereby Release and forever discharge Stockton University from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or

other medical services rendered in connection with an emergency related to my service as a volunteer with Stockton University.

4. Assumption of Risk: I understand that the services I provide to Stockton University may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Stockton University from all liability.

5. Photographic Release: I grant and convey to Stockton University all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Stockton University in connection with my providing volunteer services to Stockton University.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

7. I, individually and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the State of New Jersey, the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, losses, damages, judgments or expenses, including attorney's fees, that they or any of them incur or sustain as a result of any claims, demands, actions or causes of action that arise out of, occur during, or are in any way connected with my participation in the program and/or travel incidental thereto.

8. I agree to this Statement of Responsibility and Authorization; Waiver, Release and Indemnification Agreement and understand it is to be construed under the laws of the State of New Jersey, including but not limited to the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq.), the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.), the New Jersey Charitable Immunity Act (N.J.S.A. 2A:53A-7 et seq.) and venued in the courts of New Jersey, County of Atlantic, and that if any portion thereof is held invalid, the balance hereof shall notwithstanding, continue in full legal force and effect.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18)

Date

Please note: We ask that each member of the household who will spend time with the mentee individually complete the Volunteer Release and Waiver of Liability form