



5. I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files, confidential. I also agree to keep any information I may observe confidential and not to disclose, discuss or reveal any such information to anyone other than those involved in my volunteer service with me.
6. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the University, including its present and former trustees, officers, directors, faculty, employees, insurers, agents and activity participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University's facilities during my participation in the volunteer service.
7. I understand participation as a University volunteer carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity/event to another and may include but are not limited to minor injuries such as scratches, bruises, and sprains; major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and catastrophic injuries including paralysis and death.
8. I understand that as a University volunteer, the University does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to any employee benefits as a result of my University volunteer affiliation.
9. I hereby authorize the University to arrange for and consent to receive medical treatment in the event of injury, accident or illness I may suffer during my participation in any program activity or event. I accept financial responsibility for all expenses related to my medical treatment as well as any costs associated with travel to receive medical treatment.
10. I understand that when choosing to drive or ride in a non-University vehicle, I am aware that automobile liability and the corresponding insurance is the responsibility of the vehicle owner. I understand that the University's insurance does not respond to non-University vehicles.
11. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois.
12. I have read and understand this Volunteer Service Agreement and Release, and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate in the University's volunteer service.
13. I understand and agree to provide a copy of a proof of age document.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**Note to Parents and Legal Guardians:**

If the Volunteer is less than 18 years of age, the legal guardian of the Volunteer must consent and sign this form.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date