



## VOLUNTEER AGREEMENT

THIS AGREEMENT made by and between, Memorial University of Newfoundland (hereinafter referred to as the "University"), and \_\_\_\_\_, (hereinafter referred to as the "Volunteer").

The parties agree as follows:

**Contract Period:** The contract period commences on or about \_\_\_\_\_ and ends on or about \_\_\_\_\_.

**Services:** The University agrees to provide an opportunity for the Volunteer to volunteer at \_\_\_\_\_, Memorial University of Newfoundland.

The Volunteer:

1. Will not be compensated for their services;
2. Is responsible for all arrangements and costs including, but not limited to, travel, accommodations and meals;
3. Will comply with all University policies, rules and regulations;
4. Agrees to work under the assigned supervisor's direction;
5. Is responsible for complying with all Federal and Provincial regulations with respect to undertaking this volunteer opportunity in Newfoundland;
6. Agrees to keep confidential any personal information to which they gain access.

**Insurance:** The Volunteer shall carry adequate medical and/or health insurance covering the contract period and shall provide the University with written proof of such coverage. The Volunteer is not covered by the University's Workers Compensation Insurance.

**Release and Waiver of Liability:** The Volunteer agrees to release and waive liability for all claims that they have, or may in the future have, against Memorial University of Newfoundland, its agents, servants and employees, or any person(s), entities or organization(s) associated in any way with this agreement, from any and all liability for any loss, damage, injury or expense that they may suffer as a result of this agreement due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on behalf of the University.

**Indemnification:** The Volunteer does hereby indemnify and shall hold harmless the University, its agents, servants and employees (each of the foregoing being hereinafter referred to individually as "Indemnified Party") against all claims, demands, causes of action, actions, judgments, or other liability (other than liability solely the fault of the Indemnified Party) arising out of, resulting from, or in connection with this Agreement.

**IN WITNESS WHEREOF** the parties have signed this Agreement:

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Memorial University of Newfoundland

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW (IF VOLUNTEER IS UNDER 19 YEARS OF AGE)**

This is to certify that I, as parent/guardian with legal responsibility for this Volunteer, do consent to the foregoing and agree not only to his/her release of Memorial University of Newfoundland and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date