



**LOCAL/STATE/NATIONAL/INTERNATIONAL VOLUNTEER OPPORTUNITY PROGRAM
ACKNOWLEDGEMENT OF RISK AND CONSENT**

SECTION I (To be completed by student and reviewed by Program Coordinator.)

Volunteer Opportunity Site: (City/State/Country): _____

Program Coordinator's Name: _____

Volunteer Opportunity Activities include but are not limited to: _____

SECTION II (To be completed by the student)

I understand that there are certain dangers, hazards and risks that may be associated with my participation in the volunteer opportunity activity(s) described above. I further understand that all risks cannot be prevented. I have considered the risks associated with participating in this volunteer opportunity and knowingly and voluntarily assume all such risks. Furthermore, I represent that I am physically and mentally capable of participating in this volunteer opportunity and that I am capable of using the equipment, if any, associated with the volunteer opportunity.

On behalf of myself, and my family, heirs, assigns, and personal representatives, I hereby agree to indemnify, hold harmless, release from liability and waive any legal action against Quinsigamond Community College, its governing board, officers, agents and employees (collectively, "the Released Parties") for any personal injury, death, or property damage I may suffer or cause to a third party arising out of or in any way connected to my participation in the volunteer opportunity or while in transit to or from said volunteer opportunity.

I represent that I am covered by adequate medical/health/accident insurance for any injury that I may suffer at the volunteer opportunity site. In the event I require medical services due to an injury suffered during the volunteer opportunity. I understand and agree that Quinsigamond Community College does not provide medical services or medical personnel at the volunteer opportunity site and is under no obligation to provide transportation for me to obtain medical services.

I acknowledge that I have had the opportunity to review this document, including with family and/or legal counsel. This Release and Waiver Agreement represents my complete understanding with the college concerning its responsibilities and liability for my participation in the program, and it supersedes any previous or contemporaneous understandings I may have had with the college or its representatives, whether written or oral. I agree that this Release and Waiver is to be construed under the laws of the Commonwealth of Massachusetts, U.S.A., and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I understand and agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect. I understand that by signing this document I am representing that I have read and understand all of its terms and conditions and that I fully intend to be bound by the same. I also understand that I may wish to consult with family member(s) and legal counsel prior to signing this document.



I HAVE READ THIS RELEASE AND WAIVER AGREEMENT AND ACCEPT EACH OF THE ABOVE RESPONSIBILITIES AND VOLUNTARILY SIGN THE RELEASE AND AUTHORIZATION FOR MEDICAL TREATMENT.

Signature of Student: _____
Printed Name: _____
Date: _____

SIGNATURE OF PARENT(S) OR LEGAL GUARDIANS(S) REQUIRED IF STUDENT IS UNDER EIGHTEEN (18).

Signature of Parent/Guardian #1: _____
Printed Name: _____
Date: _____

Signature of Parent/Guardian #2: _____
Printed Name: _____
Date: _____