

# Clemson University

## Volunteer Release

As a volunteer for Clemson University I certify that I am covered under personal medical insurance, and in the event that I am injured or incur any medical claim in association with my volunteer service, I agree that I will look solely to my own medical insurance for any claims, losses, or injuries, and that my heirs, executors and assigns hereby and forever discharge and agree to hold harmless Clemson University, its trustees, affiliated organizations, officers and employees from and against all claims, demands, suits, awards and judgments for any and all injuries, and /or activities on the Clemson University property. I realize that I am not covered under any accident and/or health insurance plan of Clemson University and fully accept and assume the risks of my activities at Clemson University.

Clemson Experimental Forest  
Department

\_\_\_\_\_  
Department Representative's Signature

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Witness/Guardian's signature  
Required if participant < 18

\_\_\_\_\_  
Date

Contact information: address \_\_\_\_\_

City, State \_\_\_\_\_

Telephone \_\_\_\_\_