We are pleased that you have decided to volunteer your services to the University of Miami, Department of ________________ or __________________ Hospital.

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to the University of Miami.

I, Dr./Mr./Mrs./Ms. _______________________________________________________________________

(First name)          (Middle initial)              (Last name)

in consideration of being allowed to participate in the volunteer service of the University of Miami (the “University”) do hereby agree that:

1. I understand and agree that my volunteer service will be from __________________ to ________________.

   (Month/Day/Year)       (Month/Day/Year)

At the end of such period, I understand that my volunteer service will cease and I will no longer be permitted access to University facilities.

2. I understand and agree that my volunteer service is in no way an offer of or employment by the University and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release the University from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the University.

3. I understand that I will be volunteering at a major research university and I therefore agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that the University may terminate my volunteer service at any time, with or without cause.

4. 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 about patients 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.

5. Depending on the length and nature of my volunteer service, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.

6. In the event that my volunteer services will be in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such an volunteer service. Furthermore, I hereby agree to release, indemnify and hold

(continued)
harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and 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 contact with such airborne pathogens or infectious diseases, whether caused by the negligence of the University of Miami, persons acting on its behalf or otherwise.

7. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and 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 of Miami 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.

8. I understand that as a university volunteer the University of Miami 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 employee benefits as a result of my University volunteer affiliation.

9. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida.

10. I have read and understood 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 with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Print Name

Participant Signature       Date

Provide one copy of this agreement to the university volunteer. Retain this agreement for seven years from the end of service.
Required for participants under 18 years of age

By signing below, I ________________________________, hereby attest to the following:

1. I am the legal guardian of _______________________________, who is under eighteen years of age, and has my permission to participate as a volunteer from ____________ to _________ at the Department of ________________________ at the University of Miami, according to the duties described in her/her Volunteer Service Application which I have read and signed.

2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, 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 of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the University's facilities during his/her participation in the volunteer service.

3. I understand that as a university volunteer the University of Miami does not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her university volunteer affiliation.

4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

__________________________________________________________
Print Name

__________________________________________________________
Signature of Legal Guardian                              Date

Print the full name and address of a person who can be reached between the hours of 8:30 a.m. and 5:00 p.m. in case of emergency.

__________________________________________________________
Print Name

__________________________________________________________
Relationship

__________________________________________________________
Address

__________________________________________________________
Phone Number

Provide one copy of this agreement to the university volunteer.
Retain this agreement for seven years from end of service.

I agree that you, as well as other third parties that you authorize in your sole and absolute discretion, may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical composition(s), during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright and to use all or any portion thereof or of a reproduction thereof in connection with the University of Miami, the South Florida Student Shark Program, and the R.J. Dunlap Marine Conservation Program (hereafter the Programs) or otherwise. I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale, publicizing and exploitation of the Programs throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party. I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

In addition, I acknowledge that the services being rendered in connection with the Programs are inherently dangerous. I voluntarily assume any and all risks (including but not limited to boating-related accidents, risk from bad weather, injury from marine organisms, sunburn, drowning, insect bites, dehydration, injury from moving equipment, injury from fishing equipment, handling of chemicals, consumption of food, and any personal health issues), known or unknown, associated with the services. I shall assume responsibility for obtaining all desired personal insurance coverage for myself (such as disability from personal injury, life insurance, personal property insurance, etc.).

Scuba diving and snorkeling is a potentially dangerous activity and involves the risk of serious injury and/or death and/or property damage. I acknowledge that “adventure activities” such as scuba diving, snorkeling, and traveling on boats entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: falling, collision, upset, striking obstructions or other person, speed of travel for conditions, head injuries, equipment failure, weather conditions including temperature exposure (hypothermia, sunstroke, sunburn, heat exhaustion), dehydration, unforeseen attacks by wildlife.

I am a certified scuba diver over 12 years of age with an accredited diving agency and have the diving qualifications to participate in the Rescue a Reef Coral restoration program. I further in a health condition that allows me to scuba dive and that I am not taking any drugs or medication that would prevent me from scuba diving. I understand that this trip is physically demanding and I hereby attest that I am physically capable of walking, swimming and getting in and out of the water, fully geared and unassisted.
acknowledge that I need to surface from a dive with a minimum of 750 psi. I understand that the diving while under the influence of alcohol or drugs is dangerous and I will not dive while under the influence of alcohol or drugs. I understand that flying within 24 hours of a dive is dangerous and if I will not fly within 24 hours of diving.

I represent that I routinely engage in services of the nature contemplated herein and I hereby agree to defend, indemnify and hold harmless and to voluntarily release, discharge, waive and relinquish any and all actions or causes of action against THE UNIVERSITY OF MIAMI, THE ROSENSTIEL SCHOOL OF MARINE & ATMOSPHERIC SCIENCE, THE R.J. DUNLAP MARINE CONSERVATION PROGRAM, THE SOUTH FLORIDA STUDENT SHARK PROGRAM, NOAA LIVING MARINE RESOURCES COOPERATIVE SCIENCE CENTER, BSA SEABASE, CURT-A-SEA FISHING CHARTERS, THE LEONARD & JAYNE ABESS CENTER FOR ECOSYSTEM SCIENCE & POLICY, RESCUE A REEF PROGRAM, DIEGO LIRMAN, STEPHANIE SCHOPMEYER, and NEIL HAMMERSCHLAG and their partners, affiliates, subsidiaries, parents, successors, trustees, directors, officers, agents, employees, students, interns, volunteers, directors, coordinators, funders, donors, vendors, charters and licensees (collectively, the “Indemnified Parties”) from any and all claims, demands, liabilities (including, but not limited to, personal injury, property damage and wrongful death) resulting in any manner from my services or otherwise.

(Please Print)
Name: ___________________________________________________________ Signature _____________________________
Address: _________________________________________________________ _____________________________
City/State/Zip: ___________________________________________________ _____________________________
Phone #: _________________________________________________________ _____________________________

Printed Name of Parent Or guardian, if Under 18 ________________________________________________ Signature _____________________________
_________________________________________ Date _____________________________