

VOLUNTEER WORKER  
AGREEMENT AND RELEASE

Agreement and Release executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2020 for the benefit of Brown University (hereinafter referred to as "Brown").

I, \_\_\_\_\_, state that I wish to volunteer in the research lab of \_\_\_\_\_ for the approximate period of \_\_\_\_\_ to \_\_\_\_\_. The nature of the services, which I will be providing, is \_\_\_\_\_. I acknowledge that as a volunteer I am not an employee of Brown, and will not receive any compensation or benefits of any kind or otherwise be paid for my services.

While I am performing these services on a voluntary basis, I agree that I will abide by the University policies and procedures applicable to employees performing similar duties as these policies currently are in place or may be further identified to me in the course of my volunteering at Brown. These may include all required ethics and safety trainings including but not limited to laboratory safety, hazardous waste, radiation, laser and/or biosafety trainings provided by The Brown University Department of Environmental Health and Safety. I recognize that I may be exposed to information relating to the University, its departments, employees or other people who conduct business with or at the University, which is confidential or private in nature. I will maintain the confidentiality of the information. This requirement survives the termination of my volunteer services.

In consideration for Brown's permitting me to volunteer in the chemistry research labs of \_\_\_\_\_, I hereby release, hold harmless, and forever discharge Brown, including the Corporation, its Trustees, faculty, employees, staff, and other agents from and against any and all liability and responsibility for any claims or cause of action on account of any personal injury, accident, damages (including damage to property), expenses or other loss caused, suffered or incurred by me and during, arising out of or in any way associated directly or indirectly, with my volunteer work at Brown, and from contribution or indemnification in respect to any claim made against me by any person or entity in connection therewith.

Further, I acknowledge that I have carefully read this release and fully understand its contents and assert that I am of legal age to bind myself to this release and waiver. I am aware that this is a release of liability and I have signed it of my own free will. This release and waiver has been executed on behalf of myself, my heirs and assigns. This instrument has been executed in and shall be interpreted according to the laws of the state of Rhode Island.

Finally, by signing this document, I verify that I have medical insurance coverage.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness

Date:

\_\_\_\_\_  
Acknowledgment of Department Receiving Services

Date:

Emergency contact information:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Verification of Medical Insurance \_\_\_\_\_