

ADULT VOLUNTEER
AND
PERSONAL ASSUMPTION OF RISK AGREEMENT

The University relies on the goodwill and support of its volunteer service providers in a variety of areas. The following recites the terms and conditions of my voluntary service:

As an adult who intends to volunteer for participation in the following activity on the premises of Northern Illinois University:

_____ (“**Project**”)
as assigned by authorized representatives of Northern Illinois University, I understand and accept that participation in the Project *requires* (1) my attentive personal responsibility, and (2) my personal assumption of risks of bodily injury and other losses.

In the event of an injury during or related to this Project sponsored and conducted by Northern Illinois University, I, _____ (please print name), understand and accept the general and specific personal risks of bodily injury or other loss involved with this Project. In consideration of Northern Illinois University’s permitting me to participate in this Project, I agree *subject only to limitations of acts of gross negligence* by the University, that neither I, nor my agent, family, heirs or personal representative will hold the State of Illinois, Northern Illinois University, its Board of Trustees or any of its employees or agents legally or financially responsible for any injury, losses, damages or expenses incurred from any injury I may experience that may be directly or indirectly attributed to the above-named Project. I agree to obtain and maintain my own personal health insurance for personal injuries or sickness.

I agree to read and abide with any Safety Rules applicable to my participation in this Project. I attest and certify that I am over 18 years of age, and to the best of my knowledge and belief that I am physically fit to participate in the Project. Based on these representations on which all representatives of Northern Illinois University may legally and morally rely without qualification, I request permission to participate in the above-named University Project.

I understand my work in this role will be subject to the same standards of oversight and performance that are applicable to regular employees. Accordingly, I will have access to college facilities and resources as provided and coordinated by department and college administrators. It is understood my volunteer services under this Agreement will also be considered covered under the State Employee Indemnification Act, though not by the State’s workers compensation program. My signature below confirms my acceptance of these terms and conditions, and my agreement to provide this service on a volunteer basis.

Offered by:

Authorized Administrator

Date

Accepted by:

Volunteer Participant’s Signature

Date