



Volunteer Waiver

I, the undersigned, have volunteered to perform the service(s), listed below, for the following Lewis-Clark State College (LC State) sponsored field trip/event/activity, without compensation, and in accordance with the following understandings:

LC State Department:

LC State Sponsored Activity:

Service(s) Performed:



Dates of Service: (From / To

Projected # Hours Worked

I agree to hold harmless, discharge, indemnify and release the State of Idaho, Lewis-Clark State College, and all their respective administrators, employees and other volunteers, from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever which may arise from or in connection with volunteering at Lewis-Clark State College.

I agree to a background check provided by the college.

I agree to follow all policies of the site, including health and safety precautions and confidentiality.

I agree to notify the LC State supervisor and/or employee of any problems, concerns or changes.



SIGNATURES

By my signature below, I hereby agree to and fully understand all of the above conditions as outlined above.

Volunteer Name:

Cell Phone No.:

Address:

Volunteer Signature:

Date:



Authorized Volunteer's LC State Supervisor:

(Name, Title)