

Volunteer Consent, Release and Waiver of Liability for a Minor

State of North Carolina
County of Wake

I, the undersigned parent/guardian of _____
(*hereafter referred to as the "Participant"*) understand that the Participant's request to serve as a volunteer in the
_____ in the College of Veterinary Medicine ("CVM") at the N.C. State University ("NCSU") has been accepted.
Specifically, he/she will be performing the following activity(ies): _____

_____ (*hereafter referred to as "the Project"*). The Participant undertakes participation in the Project for the educational and training benefits which will accrue, and for his/her own personal satisfaction. It is understood he/she will receive no compensation from NCSU. The Project is under the direction of _____ and is part of the ongoing work of the CVM. The Participant will be under the direction and guidance of _____ while working on the Project.

The Participant and the undersigned parent/guardian understand the nature of the Project and participation therein. In particular, it is understood that participation in the Project includes the activities stated above and the various risks attendant thereto, including, but not limited to, being in proximity to ill and injured animals; being kicked, bitten, scratched or otherwise injured by said animals, and being exposed to infectious disease carried by said animals. The undersigned parent/guardian and the Participant are familiar with these and other risks associated with such activity, and voluntarily assume all such risks while working on the Project.

The Participant will be working on the Project from _____ until _____. It is understood that the Participant is free to cease participation at any time, without any penalty or question. It is also understood that NCSU may terminate such participation at any time, without notice.

In consideration of the Participant's being permitted to participate in the Project, the undersigned parent/guardian and the Participant assume all risks of personal injury (*including death*) or property damage or any other loss the Participant may suffer arising out of such participation and agree that neither NCSU, the CVM, nor the trustees, officers, employees or agents of either shall be liable for any claims, demands, actions, or causes of action of any sort whatsoever resulting from pecuniary loss, personal injury (*including death*) or property damage suffered or incurred by the undersigned parent/guardian and/or the Participant as a result of participation in the Project. Therefore, on behalf of the Participant, the parents/guardians of the Participant, and the heirs and assigns of all the foregoing, I do hereby forever release and discharge North Carolina State University, CVM, as well as the trustees, officers, employees, and agents from all such liabilities, claims, demands, actions, or causes of action.

It is also understood that NCSU does not carry any insurance which would cover any sickness or injury which the Participant may incur during participation in the Project. It is further understood that the participant is not eligible to use the Student Health Services at NCSU by virtue of his/her participation in the Project.

With the Project having been explained to me and all of my questions answered to my complete satisfaction, I consent to the Participant's participation in the Project in accordance with the foregoing, fully aware of the activities and risks that may be involved. I recognize that this Consent, Release and Waiver of Liability means I am giving up, among other things, my right to sue NCSU, the CVM, and the trustees, officers, employees or agents of either for injuries, damages or losses the Participant or I may incur. I execute this Consent, Release and Waiver of Liability for full, adequate and complete consideration fully intending for myself, for the Participant, and the Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

This is a release of Legal Rights. Read Carefully before signing.

Name of Participant: _____
(Please Print)

Signature of Participant: _____ Date: _____

Name of Parent/Guardian: _____
(Please Print)

Signature of Parent/Guardian: _____ Date: _____
(On Behalf of both Parents/Guardians)

